

<i>SERFF Tracking Number:</i>	<i>AEGG-125985426</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41361</i>
<i>Company Tracking Number:</i>	<i>CPACC100</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>CPACC100 - AR Group Accident</i>		
<i>Project Name/Number:</i>	<i>CPACC100 - AR Group Accident/CPACC100 - AR Group Accident</i>		

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: CPACC100 - AR Group Accident SERFF Tr Num: AEGG-125985426 State: ArkansasLH

TOI: H02G Group Health - Accident Only	SERFF Status: Closed	State Tr Num: 41361
Sub-TOI: H02G.000 Health - Accident Only	Co Tr Num: CPACC100	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Author: Donna Lambert	Disposition Date: 01/20/2009
	Date Submitted: 01/16/2009	Disposition Status: Approved-Closed
		Implementation Date:

Implementation Date Requested: 02/27/2009

State Filing Description:

General Information

Project Name: CPACC100 - AR Group Accident
 Project Number: CPACC100 - AR Group Accident
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Status of Filing in Domicile: Authorized
 Date Approved in Domicile: 12/22/2008
 Domicile Status Comments:
 Market Type: Group
 Group Market Size: Small and Large
 Group Market Type: Employer, Association, Other

Filing Status Changed: 01/20/2009
 State Status Changed: 01/20/2009
 Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

RE: TRANSAMERICA LIFE INSURANCE COMPANY

NAIC: 468-86231 FEIN: 39-0989781

NEW GROUP HEALTH FORM FILING

CPACC100 GROUP MASTER POLICY FOR [OFF-THE-JOB] ACCIDENT ONLY INSURANCE

<i>SERFF Tracking Number:</i>	<i>AEGG-125985426</i>	<i>State:</i>	<i>Arkansas</i>
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CCACC100 CERTIFICATE FOR GROUP [OFF-THE-JOB] ACCIDENT ONLY INSURANCE
 CEACC1AR ARKANSAS AMENDMENT
 CRADD300 ACCIDENTAL DEATH AND DISMEMBERMENT RIDER
 CRHICU00 ACCIDENT HOSPITAL AND ICU INCOME RIDER
 CREXPB00 EXPANDED BENEFITS RIDER
 CRWELB00 WELLNESS BENEFIT RIDER
 CRAODI00 ACCIDENT ONLY DISABILITY INCOME RIDER
 CRSODI00 SICKNESS ONLY DISABILITY INCOME RIDER
 CRSPDI00 SPOUSE OFF-THE-JOB ACCIDENT ONLY DISABILITY INCOME RIDER
 CAV-AP-01-00 CERTIFICATE APPLICATION

Transmitted via SERFF are the above-referenced forms for your review and approval. These are new forms and are not intended to replace any forms previously approved by the Department. This filing does not contain any unusual or potentially controversial items from industry standards.

CPACC100 and CCACC100 - This policy and certificate provide stand-alone, voluntary group, accident only insurance. There will be two plans of insurance available to the group master policyholder. Each plan will have its own premiums. The employees/members of the group will be offered the plan selected by the group policyholder.

- Plan 1 provides 24-hour accident coverage. When this plan is issued, the bracketed phrase in the title will be deleted and item 13 of the Exclusions and Limitations will NOT be included.
- Plan 2 provides a benefit when the covered accident occurs off-the-job. This part of the title of both the master policy and certificate has been bracketed. When the policy/certificate is issued as an “off-the-job” coverage, then item 13 of the Exclusions and Limitations will be included. Item 13 reads as follows: “Injuries that occur in the workplace or during the course of any employment for pay, benefit, or profit.”

The policy/certificate utilizes a modular design with three core modules: Module 1 – Accident Emergency Treatment, including Accident Emergency Treatment Benefit, Major Diagnostic Examinations Benefit, a Dislocation Benefit, and a Fracture Benefit; Module 2 – Follow-Up Visits and Physical Therapy, including an Accident Follow-Up Treatment Benefit from a physician on an outpatient basis and a Physical Therapy Benefit; Module 3 – Initial Accident Hospitalization which provides a benefit for the initial hospitalization as well as an intensive care unit confinement benefit and an Ambulance Benefit. Coverage will be sold in units from ½ unit to a maximum of 20 units.

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CEACC1AR – This state-specific amendment is attached to the policies and certificates issued to residents in this State. It includes any state-required changes to the policy and/or certificate.

The Group Policyholder Application, form C-EA-01-00, was previously approved by your department June 20, 2006. We wish to extend the use of this application to the policy form in this filing. The only change to this application is the addition of the above policy and riders to the list of group coverage available to the policyholder.

Certificate application form CAV-AP-01-00 will be used in conjunction with the sale and presentation of the certificate. The application will be used for both guaranteed issue for those who are purchasing preset coverage designed by the policyholder for their employees/members or for simplified issue when the optional disability income riders are available for issue. When used for guaranteed issue ONLY, the application will be customized and all health questions may be deleted. If the optional disability income riders are part of the available coverage, for simplified issue, all questions must be answered. All certificates and riders are issued based on the answers to the eligibility and/or health questions. We do not request health examinations or a consumer credit report. The application form may be used for an electronic or internet application process for the above product. If the application is to be used electronically or via the internet, no substantial changes will be made to the format and no changes will be made to the actual application language. For the actual applicant's signature, a PIN or other electronic signature will be required to be captured two times: (1) Applicant's Statements and Agreements; and (2) Representation of Applicant. A PDF must be submitted to the Administrative Office, should include a checkmark on the Applicant's initials line, and should include to the right a notation "Signature by PIN."

The group master policyholder will be able to choose from the following optional riders to create a package of benefits for their employees/members. If the base coverage purchased by the policyholder is off-the-job coverage, then all riders, except the Sickness Disability Income Rider, will also be off-the-job coverage. If the base coverage provides 24-hour coverage, then all riders, except the Spouse Off-the-Job Accident Only Disability Income Rider, will also provide 24-hour coverage.

- CRADD300 – Accidental Death and Dismemberment Rider – This rider will also be available in units (1/2 unit to 20 units) and pays a fixed benefit for accidental death with the benefit amount varying by cause of accidental death. The dismemberment benefit pays a fixed maximum benefit of \$10,000 per unit for most severe dismemberment and lesser amounts based on a schedule for other dismemberments.
- CRHICU00 – Accident Hospital and ICU Income Rider – This rider provides a daily benefit for each day, up to 365

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days, of hospital confinement. The rider also provides a benefit if confinement in an intensive care unit is required. This rider will also be available in units (1/2 unit to 20 units).

- CREXPB00 – Expanded Benefits Rider – This rider provides additional benefits that are payable as the result of a covered accident, including an additional benefit for 2nd and 3rd degree burns, lacerations, eye injuries, emergency dental work, concussions, coma, paralysis, etc. This rider will also be available in units (1/2 unit to 20 units).
- CRWELB00 – Wellness Benefit Rider – This rider provides a benefit when certain “wellness” tests are completed for the primary insured and spouse, e.g. annual physical exams, mammograms, pap smears, immunizations, flexible sigmoidoscopy, Prostate Specific Antigen and blood screenings. This rider will also be available in units (1/2 unit to 20 units).
- CRAODI00 – Accident Only Disability Income Rider – This rider provides a disability income benefit if the primary insured becomes disabled as the result of a covered accident.
- CRSODI00 – Sickness Only Disability Income Rider – This rider provides a disability income benefit if the primary insured becomes disabled as the result of sickness.
- CRSPDI00 – Spouse Off-the-Job Accident Only Disability Income Rider – This rider provides a disability income benefit if an insured spouse becomes disabled as the result of a covered accident.

These forms will be marketed to eligible groups, including employer/employee, labor organizations, credit unions and associations, as permitted under the laws of this State. Premiums will be paid by the certificateholder; the policyholder; or a combination of the policyholder and certificateholder.

Enclosed please find our Explanation of Variables that identifies and explains all variables within the policy, certificate or riders. All variables have been bracketed. Please note that minor modifications in paper size and stock, ink, border, Company logo, signatures and column formatting to accommodate system needs or internet format may occur as the result of the variables. However, no change in the variable areas will be made which will be in conflict with the laws, rules and regulations of this State. In addition, no change in variability will be made which in any way expands the scope of the variable.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of this State. If you have any questions which can be resolved over the telephone, please do not hesitate to contact me at (800) 400-3042, Ext. 1639.

SERFF Tracking Number: AEGG-125985426 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 41361
Company Tracking Number: CPACC100
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: CPACC100 - AR Group Accident
Project Name/Number: CPACC100 - AR Group Accident/CPACC100 - AR Group Accident

Sincerely,

Donna Lambert, ACS, ACP
Contract Analyst, Paralegal
Product Implementation Department
Transamerica Life Insurance Company
Telephone: (800) 400-3042 x1639
E-Mail: djlambert@aegonusa.com

Company and Contact

Filing Contact Information

Donna Lambert, Contract Analyst
PO Box 8063
Little Rock, AR 72203-8063
djlambert@aegonusa.com
(800) 400-3042 [Phone]
(501) 227-1097[FAX]

Filing Company Information

Transamerica Life Insurance Company
PO Box 8063
Little Rock, AR 72203-8063
(501) 227-1106 ext. [Phone]
CoCode: 86231
Group Code: 468
Group Name:
FEIN Number: 39-0989781
State of Domicile: Iowa
Company Type: Life and Health
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: \$50 per filing.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	01/16/2009	25084073

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/20/2009	01/20/2009

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Disposition

Disposition Date: 01/20/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGG-125985426 State: Arkansas

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TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: CPACC100 - AR Group Accident

Project Name/Number: CPACC100 - AR Group Accident/CPACC100 - AR Group Accident

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Explanation of Variables AR 1.12.09	Approved-Closed	Yes
Supporting Document	Accident Actuarial Memo Generic_1-09-2009	Approved-Closed	Yes
Form	Group Master Policy for Accident Only Insurance	Approved-Closed	Yes
Form	Certificate for Group Accident Only Insurance	Approved-Closed	Yes
Form	ARKANSAS AMENDMENT	Approved-Closed	Yes
Form	Accidental Death & Dismemberment Rider	Approved-Closed	Yes
Form	Accident Hospital and ICU Income Rider	Approved-Closed	Yes
Form	Expanded Benefit Rider	Approved-Closed	Yes
Form	Wellness Benefit Rider	Approved-Closed	Yes
Form	Accident Only Disability Income Rider	Approved-Closed	Yes
Form	Sickness Only Disability Income Rider	Approved-Closed	Yes
Form	Spouse Accident Off-the-Job Disability Income Rider	Approved-Closed	Yes
Form	Certificate Application	Approved-Closed	Yes
Rate	Monthly Premiums Per Unit	Approved-Closed	Yes

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Form Schedule

Lead Form Number: CPACC100

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	CPACC100	Policy/Cont	Group Master Policy	Initial		55	CPACC100 - FINAL 1-07-09.pdf
			ract/Fratern for Accident Only				
			al Insurance				
			Certificate				
Approved-Closed	CCACC100	Certificate	Certificate for Group	Initial		54	CCACC100 - FINAL 1-12-09.pdf
			Accident Only				
			Insurance				
Approved-Closed	CEACC1A	Certificate	ARKANSAS	Initial		54	CEACC1AR - State
	R	Amendmen	AMENDMENT				Amendment
		t, Insert					1.7.09.pdf
		Page,					
		Endorseme					
		nt or Rider					
Approved-Closed	CRADD300	Certificate	Accidental Death &	Initial		55	CRADD300 - Accidental
		Amendmen	Dismemberment				Death and
		t, Insert	Rider				Dismemberm
		Page,					ent Rider -
		Endorseme					FINAL 1-09-
		nt or Rider					09.pdf
Approved-Closed	CRHICU00	Certificate	Accident Hospital	Initial		56	CRHICU00 - Accident
		Amendmen	and ICU Income				Hospital and
		t, Insert	Rider				ICU Income
		Page,					Rider - FINAL
		Endorseme					1-08-09.pdf
		nt or Rider					
Approved-Closed	CREXPB00	Certificate	Expanded Benefit	Initial		63	CREXPB00 - Expanded
		Amendmen	Rider				Benefits Rider
		t, Insert					- FINAL 1-09-
		Page,					09.pdf
		Endorseme					
		nt or Rider					

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Approved- Closed	CRWELB0 0	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Wellness Benefit Rider	Initial	54	CRWELB00 - Wellness Benefit Rider - FINAL 1-08- 09.pdf
Approved- Closed	CRAODI00	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Accident Only Disability Income Rider	Initial	54	CRAODI00 - Accident Only Disability Income Rider - FINAL 1-09- 09.pdf
Approved- Closed	CRSODI00	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Sickness Only Disability Income Rider	Initial	54	CRSODI00 - Sickness Only Disability Income Rider - FINAL 1-09- 09.pdf
Approved- Closed	CRSPDI00	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Spouse Accident Off- the-Job Disability Income Rider	Initial	54	CRSPDI00 - Spouse Off- the-Job Accident Only Disability Income Rider - FINAL 1-09- 09.pdf
Approved- Closed	CAV-AP- 01-00	Application/Certificate Enrollment Form	Application	Initial	57	CAV-AP-01- 00-jd- 010909.pdf

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, IA 52499]
A Stock Company

Policyholder: [ABC Company]
Address: [123 Any Street
City, State 12345]
Policy Number: [12345678A]
Effective Date: [January 1, 2009]
Anniversary Date: [January 1]
Governing Jurisdiction: [Any State]

Transamerica Life Insurance Company ("the Company," "we," "us," and "our") agrees to pay the benefits described in this Group Master Policy ("Policy"), subject to all terms, conditions, and limitations, in consideration of the following events:

1. A copy of the signed Policyholder Application is attached to and made a part of this Policy; and
2. The payment of the first premium.

By our acceptance of the first premium paid by the Policyholder ("you," "your," and "yours") and by your receipt of this Policy, you agree:

1. To be bound by the terms of this Policy; and
2. To pay all premiums to us according to the terms of this Policy.

This Policy is subject to the laws of the governing jurisdiction in which it is issued. It is signed for the Company at our Home Office to take effect on the Policy's Effective Date.



[
[General Counsel and Secretary]



[
[President]

GROUP MASTER POLICY FOR ACCIDENT ONLY INSURANCE

**PREMIUM RATE SUBJECT TO CHANGE
BENEFITS LIMITED TO LOSS DUE TO ACCIDENTS ONLY
NO BENEFITS PROVIDED FOR LOSS FROM ANY OTHER CAUSE
THIS IS A LIMITED BENEFIT POLICY – READ YOUR POLICY CAREFULLY
NONPARTICIPATING – NO ANNUAL DIVIDENDS**

Administrative Office:
[1400 Centerview Drive, PO Box 8063
Little Rock, AR 72203-8063]

Customer Service: [1-888-763-7474]

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DEFINITIONS

Active Service – To be considered in Active Service, the employee or member must be:

1. Performing in the usual manner all of the regular duties of his or her occupation on a scheduled work day; and
2. Performing these duties at one of the places of business where he or she normally works or at some location directed by the employer.

The employee or member is considered to be in Active Service on a day which is not a scheduled work day only if he or she would be able to perform in the usual manner all of the regular duties of his or her occupation if it were a scheduled work day. The employee or member must also have been in Active Service on the last preceding regular work day.

[If the Insured is not performing regular duties of an occupation, Active Service will mean that he or she is not currently disabled and has satisfactorily answered any required health questions on the Application.]

Amendment, Endorsement, or Rider – Any form issued by us which adds, modifies, changes, or deletes any Policy provisions or benefits.

Application – The form completed and signed to apply for insurance coverage.

Certificate – The document that is given to each Insured that describes the terms of the insurance made available to insured employees or members and their insured Spouses and any insured Dependent Children.

Covered Person – Any or all of the following: the Insured, Insured's Spouse, or Insured's and/or Spouse's Child(ren) who have been accepted by us for coverage.

Dependent – The Insured's Child or Spouse covered under the Certificate.

Effective Date – The date when this Policy takes effect. It is shown on the Policy's Cover Page. The Effective Date will start at 12:01 AM at the main place of business of the Policyholder.

Evidence of Insurability – The complete and truthful answers to the questions in our Application and medical history, if necessary, which may be used by us to base our acceptance of any proposed Covered Person.

Grace Period – A 31-day period after the premium due date.

Group Master Policy or Policy – This document that describes the coverage provided to Insureds, as well as the administrative duties between you and us.

Insured – The employee or member covered under a Certificate.

Policyholder – The entity named on the Policy's Cover Page.

ELIGIBILITY

Employees or Members – To be eligible, an employee or member must:

1. Meet eligibility requirements as set forth on the Policyholder's Application;
2. Provide satisfactory Evidence of Insurability to us, if required; and
3. Be in Active Service on the effective date of coverage.

Within 31 days of the date enrollment is offered to the employee or member, an Application must be completed and any required premium paid. If such Application is not made within that 31-day period, the employee or member will be considered a late enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

Dependents - If Dependent coverage is available, a Dependent will be eligible for such coverage on the later of the following dates:

1. The day an employee or member becomes eligible for coverage; or
2. The day a Dependent first meets the definition of Dependent.

The Insured may elect Dependent coverage by:

1. Applying for Dependent coverage within 31 days of the date the Dependent becomes eligible; and
2. Completing any required form for payroll deduction.

If such Application for Dependent coverage is not made within that 31-day period, the Spouse or Child will be considered a late enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

If an employee or member and his or her Spouse are both eligible as an employee or member, the Child(ren) may be insured as Dependents of either the employee or member or his or her Spouse, but not both.

PREMIUMS

Premium Calculation and Due Dates - The premium due will be the sum of the premiums applicable for all Insureds. You must pay the premiums to us at our Administrative Office.

The premiums are due and payable to us in advance by you on each premium due date. The first premium due date is the Effective Date.

Change in Premium Rates - We have the right to change the premium rates on any premium due date. If the rates are changed, we will give you at least a 31-day advance written notice. If an increase takes place on a date other than a premium due date, a pro rata premium for the increase will be due on the next premium due date. The pro rata premium will be for the period from the date of the increase to the next premium due date. If such premium is not paid when due, the coverage will automatically be terminated as of the date the pro rata premium was due. Any partial payment of premium will be refunded.

If the premiums increase because a change in benefits increases our liability, premium rates may be changed on the date that our liability is increased.

POLICY CHANGES AND TERMINATION

Who May Change this Policy - The terms of this Policy may be changed at any time by written agreement between you and us. Only our President, Vice President, Secretary, or an Assistant Secretary can authorize a change in this Policy. Such an authorization must be in writing and signed by an officer. The terms of this Policy can be changed only by Endorsement or Amendment signed by an officer of Transamerica Life Insurance Company. No agent has the right to change or waive any terms of this Policy. All changes are subject to the laws of the governing jurisdiction.

When Policy Changes are Effective - Unless you and we agree otherwise in writing, the effective date of any change in benefits will be the first day of the calendar month that coincides with or next follows the date we send notice to you of the change in benefits and any corresponding change in premiums.

Termination - This Policy will end on the earliest of the following events:

1. If you submit a 60-day advance written request to us to terminate this Policy, this Policy will terminate on the date specified in that request;
2. If we give a 60-day advance written notice to you that we intend to terminate this Policy, this Policy will terminate on the date specified in that notice;
3. If any premium payable by you is not paid within its Grace Period, this Policy will terminate on the day after the Grace Period ends; or
4. If you fail to comply with any terms of this Policy or the Application, or otherwise fail to fulfill any obligations or duties under or pertaining to this insurance, or fail to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, this Policy will terminate on the 32nd day after we have given you written notice of our intent to terminate.

Termination of an Insured's coverage prior to any termination of this Policy will be governed by the Termination of Insurance section of the Certificate. You are required to notify us of any such termination.

POLICYHOLDER PROVISIONS

Duties - Your duties will include, but are not limited to, the following:

1. As required, give us any and all information we determine to be necessary for the enrollment of your employees or members (and their Spouses and/or Dependent Children, if such coverage is available and has been elected and approved by us), and for the determination of their eligibility.
2. Receive and forward to us, the Applications of your employees or members.
3. Maintain records pertaining to the insurance of your employees or members as we may reasonably require while this Policy is in force and for two years after this Policy terminates, and allow us the opportunity to examine these records at any reasonable time during normal business hours.
4. Pay premiums to us.
5. In the event that any of this insurance is to be stopped:
 - a. You are required to notify the insured employees or members by either giving them a written notice or mailing a notice to their last known address as shown in your records; and
 - b. You are required to provide the insured employees or members with a notice of their right to opt for the Portability Option, as described in the Certificate.

Certificates - A Certificate will be issued for delivery to each Insured. The Certificate will describe:

1. The benefits under this Policy;
2. To whom benefits will be paid;
3. The limitations and terms of this Policy; and
4. All other essential features of the Policy.

If more than one Certificate is issued to an Insured under this Policy, only the last one issued will be in effect.

Inspection of Policy – You must make this Policy available for inspection by your employees or members at all reasonable times during normal business hours.

Policyholder is an Agent of the Insured – For all purposes related to the insurance issued under this Policy, you act as an agent of the Insured. You do not, therefore, act as our agent for any purposes related to insurance issued under this Policy.

GENERAL PROVISIONS

Adjustments in the Event of Clerical Error – Clerical error will not void insurance otherwise valid and in force, nor will it continue or make insurance valid that otherwise would cease or would never have been issued.

Conformity with State Laws – Should any provision of the Policy conflict with a law of the governing jurisdiction, it is hereby amended to conform to the minimum requirements of that law.

Entire Contract - The Entire Contract consists of this Policy, the Certificate, any attached Amendments, Endorsements, or Riders, and your signed, attached Application.

Grace Period - A Grace Period of 31 days will be allowed for each premium payment after the first premium. Coverage will stay in force during this time. This Policy will terminate at the end of the Grace Period if the premium has not been paid. You must still pay all unpaid premiums. This includes the premium due for the Grace Period.

If coverage is canceled on a premium due date and the premium has been paid through that date, the Grace Period will not apply. If cancellation is during the Grace Period, you will be liable for any unpaid premium including the pro rata premium for that part of the Grace Period during which coverage was in force.

Legal Action - No legal action may be brought to recover under the Policy and any Certificate:

1. Within 60 days after written Proof of Loss has been furnished as required; or
2. More than three years from the time written Proof of Loss is required to be furnished.

Money Payable – All sums payable by or to us will be paid in the lawful currency of the United States of America.

New Insureds – The group originally insured may be modified from time to time to add eligible new persons in accordance with the terms of this Policy.

No Dividends Payable – This Policy does not participate in the profits or surplus earnings of our Company.

Time Limit on Certain Defenses – Misstatements in the Application - We will not use any statement, except fraudulent statements, to void or reduce benefits after this Policy has been in force for two years from its Effective Date. Any such statement would have to be in a signed form. This also applies to all Riders. Any increase in benefit amount will be subject to a new two-year contestable period for the increased benefit amount only.

All statements made are considered representations and not warranties. No such statement will be used in any contest, unless a copy of such statement has been furnished to you.

The validity of this Policy cannot be contested after two years from its date of issue, except for nonpayment of premiums.

Time Effective – For any dates used in this Policy, the effective time will be 12:01 AM at your main place of business.

CERTIFICATE PROVISIONS MADE A PART OF THIS POLICY

The remainder of this Policy consists of the provisions that appear in the Certificate, including any Amendments, Endorsements, or Riders, that describe the insurance made available to your employees or members (and their Spouses and any Dependent Children, if applicable) under this Policy.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, IA 52499]

A Stock Company

This Certificate explains the benefits provided under the Group Master Policy for Accident Only Insurance that is underwritten by Transamerica Life Insurance Company. Please read it carefully to become familiar with your coverage.

Terms important to understanding this Certificate are defined in the Definitions section or in separate Certificate provisions and are capitalized.

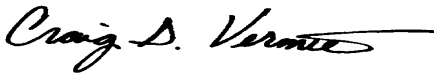
Important Notice - Benefits are payable only for [Off-the-Job] Accidental Bodily Injuries that occur as the result of an Accident and where expenses are incurred. The Accident must occur while the Covered Person is insured under the Policy, subject to the provisions of this Certificate.

The Policy under which this Certificate is issued may be amended or canceled as stated in its provisions. Such an action may be taken without the consent of or notice to any Covered Person. Premiums are subject to periodic changes.


The benefits for Dependents described in this Certificate will be applicable to each of your Dependents only if you are insured and you have applied for Dependent coverage. Such Application must be approved by us and the required premium paid for each Dependent.

This Certificate is issued in consideration of statements made in your Application and the payment of the first full premium shown on the Schedule of Benefits.

This Certificate is signed for the Company at our Home Office to take effect on its Effective Date.

[]

[General Counsel and Secretary]

[]

[President]

CERTIFICATE FOR GROUP [OFF-THE-JOB] ACCIDENT ONLY INSURANCE

**PREMIUM RATE SUBJECT TO CHANGE
BENEFITS LIMITED TO LOSS DUE TO ACCIDENTS ONLY
NO BENEFITS PROVIDED FOR LOSS FROM ANY OTHER CAUSE
READ YOUR CERTIFICATE CAREFULLY
NONPARTICIPATING – NO ANNUAL DIVIDENDS**

Administrative Office:
[1400 Centerview Drive, PO Box 8063
Little Rock, AR 72203-8063]
Customer Service: [1-888-763-7474]

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SCHEDULE OF BENEFITS

INSURED:	[JOHN DOE]	AGE AT ISSUE:	[35]
CONTRACT NUMBER:	[1234567890AB]	EFFECTIVE DATE:	[JAN 1, 2009]
TYPE OF COVERAGE:	[INDIVIDUAL]	TOTAL PREMIUM:	[\$52.50]
PREMIUM MODE:	[MONTHLY]	POLICYHOLDER:	[ABC COMPANY]

[OFF THE JOB] BENEFITS

NUMBER OF UNITS

MODULE 1 – ACCIDENT EMERGENCY TREATMENT	[.5 – 20] UNITS
MODULE 2 – FOLLOW-UP VISITS AND PHYSICAL THERAPY	[.5 – 20] UNITS
MODULE 3 – INITIAL ACCIDENT HOSPITALIZATION	[.5 – 20] UNITS

FORM NUMBER - OPTIONAL BENEFIT RIDERS

[CRADD300 - ACCIDENTAL DEATH AND DISMEMBERMENT RIDER	[.5 – 20] UNITS]
[CRHICU00 – ACCIDENT HOSPITAL AND ICU INCOME RIDER	[.5 – 20] UNITS]
[CREXPB00 - EXPANDED BENEFITS RIDER	[.5 – 20] UNITS]
[CRWELB00 - WELLNESS BENEFIT RIDER WAITING PERIOD: [30] DAYS]	[.5 – 20] UNITS]
[CRAODI00 - ACCIDENT ONLY DISABILITY INCOME RIDER INSURED: [JOHN DOE] MONTHLY BENEFIT: [\$100 - \$2,000] ELIMINATION PERIOD: [0] DAYS BENEFIT PERIOD: [6] [12] MONTHS]	
[CRSPDI00 - SPOUSE OFF-THE-JOB ACCIDENT ONLY DISABILITY INCOME RIDER SPOUSE: [JANE DOE] OFF-THE-JOB MONTHLY BENEFIT: [\$100 - \$2,000] ELIMINATION PERIOD: [0] DAYS BENEFIT PERIOD: [6] [12] MONTHS]	
[CRSODI00 - SICKNESS ONLY DISABILITY INCOME RIDER INSURED ONLY MONTHLY BENEFIT: [\$100 - \$2,000] ELIMINATION PERIOD: [14] DAYS FOR SICKNESS BENEFIT PERIOD: [6] [12] MONTHS]	

DEFINITIONS

Accident – An unforeseen occurrence which results in Accidental Bodily Injury and occurs while this Certificate is in force and is not excluded in the Certificate.

Accidental Bodily Injury - An injury or injuries for which Necessary Treatment is received and benefits are provided. The injury or injuries must be sustained by a Covered Person and must be the direct cause of the loss, independent of disease or bodily infirmity. All such injuries, with any complications and any recurrences of complications arising from any one Accident, will be deemed to be a single injury. Such injury or injuries must occur while the Certificate is in force.

Active Service – To be considered in Active Service, you must be doing the following:

1. Performing in the usual manner all of the regular duties of your occupation on a scheduled work day; and
2. Performing these duties at one of the places of business where you normally work or at some location directed by the employer.

You are considered to be in Active Service on a day which is not a scheduled work day only if you would be able to perform in the usual manner all of the regular duties of your occupation as if it were a scheduled work day and you were in Active Service on the last preceding regular work day.

[If you are not performing regular duties of an occupation, Active Service will mean that you are not currently disabled and you have satisfactorily answered any required health questions on the Application.]

Ambulatory Surgical Center - A licensed, free-standing surgical facility consisting of an operating room, facilities for the administration of general anesthesia, and a post-surgery recovery room. It must also require that the patient be admitted, treated, and released during a 24-hour period.

Amendment, Endorsement, or Rider – Any form issued by us which adds, modifies, changes, or deletes any Policy or Certificate provisions or benefits.

Application – The form completed and signed to apply or enroll for this insurance coverage.

Calendar Year – The period from January 1 through December 31 of the same year.

Certificate - This document that describes your insurance coverage.

Child - A Child of yours who is unmarried, under the age of 25, dependent upon you for more than 50% of his or her support and maintenance, who lives with you, and is:

1. A natural Child; or
2. A legally adopted Child or a Child who has been placed for adoption with you; or
3. A stepchild, grandchild, or foster Child; or
4. A Child for whom you have been appointed legal guardian; or
5. A Child not living with you, but for whom you are legally required to provide support.

If a Dependent Child has reached age 25, but is incapable of self-support because of mental retardation or physical impairment, we will continue the Child's coverage under the following conditions:

1. The Child must be incapacitated;
2. We must receive proof of incapacity within 31 days after the coverage would otherwise terminate;
3. We may require additional proof of such incapacity from time to time, but not more often than once a year after the Child attains age 25; and
4. Your coverage must remain in force.

Chip Fracture – A Fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached. It must be diagnosed by a Physician through the use of an X-ray.

Covered Person – You and any Dependents that have been accepted by us for coverage under this Certificate.

Dependent – Your Spouse or Child covered under this Certificate.

Dislocation – A completely separated joint. It must be diagnosed as a Dislocation by a Physician within 96 hours after the date of the Accident. The Dislocation must require correction by a Physician. It can be corrected by open or closed reduction.

Effective Date – The date coverage is in force as shown on the Schedule of Benefits. The Effective Date will start at 12:01 AM at the main place of business of the Policyholder.

Evidence of Insurability – The complete and truthful answers to the questions in our Application and medical history, if necessary, which may be used by us to base our acceptance of any proposed Covered Person.

Extended Care Facility – An institution or that part of an institution that:

1. Is licensed or accredited to provide nursing or rehabilitative care under the supervision of a Physician or a registered nurse;
2. Provides 24-hour skilled nursing service; and
3. Maintains daily medical records on each patient.

It does not include institutions or parts of institutions which are primarily for the care and treatment of drug addiction, alcoholism, or the aged.

Fracture – A break in a bone that can be seen by X-ray. It must be diagnosed as a Fracture by a Physician within 14 days after the date of the Accident. The Fracture must require correction by a Physician. It can be corrected by open or closed Reduction.

Grace Period – The period of 31 days allowed for each premium payment after the first premium.

Group Master Policy or Policy – The document that is issued to the Policyholder.

Hospital - A licensed institution that has on its premises or in facilities available to the Hospital on a contractually prearranged basis and under the supervision of a staff of one or more duly licensed Physicians:

1. Laboratory, X-ray equipment, and operating rooms where major surgical operations may be performed by licensed Physicians;
2. Permanent and full-time facilities for the care of overnight resident bed patients under the supervision of a licensed Physician;
3. 24-hour-a-day nursing service by or under the supervision of graduate registered nurses; and
4. A patient's written history and medical records.

We will consider a Government or Charity Hospital as any other Hospital.

The term "Hospital" does not include an institution or that part of an institution operated as:

1. A place for rehabilitation;
2. A place for rest or for the aged;
3. A nursing or convalescent home;
4. A long-term nursing unit or geriatrics ward; or
5. An Extended Care Facility for the care of convalescent, rehabilitative, or ambulatory patients.

Hospital Confinement, Confinement, or Confined - That period of time during which the Covered Person is admitted into a Hospital on an inpatient basis in excess of 23 hours as an overnight resident bed patient for the necessary treatment of an Accident. Confinement does not include that period of time during which a Covered Person is in a Hospital emergency room, an observation room, a freestanding surgical facility, or Outpatient facility. Successive Confinements separated by 30 days or less will be considered as one Confinement.

Immediate Family Member – You, your Spouse, Child, mother, father, brother, sister, or other close family member of the Covered Person.

Insured, you, your, or yours – The employee or member covered for this insurance and named on the Schedule of Benefits.

Necessary Treatment - The medical treatment which is consistent with currently accepted medical practice. Any confinement, operation, treatment, or service which is not a valid course of treatment recognized by an established medical society in the United States is not considered Necessary Treatment. No treatment, service, or expense which is experimental in nature is considered Necessary Treatment.

We may use a Peer Review Organization or other professional medical opinions to determine if health care services are:

1. Medically necessary;
2. Consistent with professionally recognized standards of care with respect to quality, frequency, and duration; and
3. Provided in the most economical and medically appropriate site for treatment.

Expenses related to such services will not be considered Necessary Treatment if services are not considered to be:

1. Medically necessary; or
2. Consistent with professionally recognized standards of care with respect to quality, frequency, or duration.

Outpatient – A Covered Person who receives medical tests, treatment, or services from a Hospital, Ambulatory Surgical Center, medical clinic, or Physician's office and is not charged for room and board.

Physical Therapist – Anyone, other than you or your Immediate Family Member, who is licensed as a Physical Therapist and certified to treat physically disabled or handicapped persons with physical agents and methods such as massage, manipulation, therapeutic exercises, cold, heat, hydrotherapy, electrical stimulation, and light to assist in rehabilitation.

Physician – A licensed medical practitioner of the healing arts who:

1. Performs only those services permitted within the scope of his or her license; and
2. Is not an Immediate Family Member.

Physician will also include other licensed medical practitioners, such as nurse practitioners, Physician's assistants, and chiropractors that operate within the scope of their license.

Policyholder – The entity named on the Policy's Cover Page and is shown on the Certificate's Schedule of Benefits.

Reduction – Open-surgical repair or closed-manipulative repair.

Spouse – As named in the Application, includes your legally married Spouse, your common law Spouse, domestic partner, or civil union partner if legally recognized in the governing jurisdiction or as otherwise agreed upon between the Policyholder and the Company.

Type of Coverage – Insurance coverage selected for this Certificate is shown on the Schedule of Benefits. The types of coverage available are:

1. Individual – Coverage on the Insured only.
2. Single Parent Family – Coverage on the Insured and any Dependent Child.
3. Two-Adult Family – Coverage on the Insured and Spouse only.
4. Family – Coverage on the Insured, the Insured's Spouse, and any Dependent Child.

Transamerica Life Insurance Company, the Company, we, us, or our – The Insurer that underwrites this coverage.

ELIGIBILITY AND EFFECTIVE DATE

Coverage will start on the Effective Date shown on the Schedule of Benefits. Coverage will start on that date at 12:01 AM at the main place of business of the Policyholder. Effective Dates for Riders and all persons added to coverage after this Certificate is issued will be reflected by an endorsement to the Certificate.

Employee or Member Eligibility – You must meet the following requirements to be eligible for insurance:

1. Meet the eligibility requirements as selected on the Policyholder's Application;
2. Satisfactorily answer all eligibility and other questions on your Application and provide Evidence of Insurability satisfactory to us, if we ask for it; and
3. Be in Active Service.

Employee or Member Effective Date – Your insurance will take effect on the Effective Date if the following events have taken place:

1. You completed an Application on or before said Effective Date; and
2. You are in Active Service; and
3. Your first premium is paid.

If you are not eligible for this coverage on the Effective Date, your coverage will take effect on the first day of the month which coincides with or next follows the date you first become eligible and are approved for coverage. Additionally, your first premium must have been received by us and all provisions listed in the Employee or Member Eligibility provision above must be met.

If you are not in Active Service on what otherwise would be the Effective Date, your coverage will be deferred until the first day of the month following the date you are in Active Service.

Dependent Eligibility - If Dependent coverage is available, a Dependent will be eligible for such coverage on the later of the following dates:

1. The day you become eligible for coverage; or
2. The day he or she first meets the definition of Dependent.

You may elect Dependent coverage by:

1. Applying for Dependent coverage within 31 days of the date the Dependent becomes eligible; and
2. Completing any required form for payroll deduction or premium payment.

If such Application is not made within that 31-day period, your Spouse or Child will be considered a late enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

If an eligible Dependent does not become a Covered Person on your Effective Date, you may add the Dependent to this Certificate by taking the following steps:

1. Submitting an Application;
2. Satisfying any Evidence of Insurability requirements; and
3. Paying any additional premium, if required.

If you and your Spouse are both eligible as an employee or member, your Child may be insured as a Dependent of either you or your Spouse, but not both.

Dependent Effective Date - The Effective Date of coverage for each eligible Dependent will be on the first day of the month that coincides with or next follows:

1. Our acceptance of the Application; and
2. Our receipt of the first premium.

However, if on such date your coverage has not yet taken effect, the Effective Date for Dependent coverage will be the same as your Effective Date.

Newborn or Newly-Adopted Child Effective Date – Coverage for a newborn, a newly adopted Child, or a Child for whom you are appointed the legal guardian, will become effective automatically on the day he or she is born, the day the Child is placed for adoption or the day a court enters an order appointing you the legal guardian of the Child, as long as you have Single Parent Family or Family coverage in force on that date.

If this Certificate was issued as Individual coverage, the Child will be automatically covered for 31 days. In order to continue the Child's coverage:

1. You must notify us by the end of the 31-day period of the addition of such Child; and
2. You must elect either the Single Parent Family or Family coverage, and pay any applicable additional premium.

BENEFITS

If a Covered Person receives an Accidental Bodily Injury and expenses are incurred for Necessary Treatment, we will pay the following benefits according to the Benefits section of this Certificate. Such injury must be independent of disease or bodily infirmity other than an Accident. Such Accident must occur while coverage is in force.

Benefit payments will be made directly to you, unless you assign benefits. Proof of Loss must be submitted to us for each incurred expense. Under no conditions will we pay any benefits for losses or medical expenses incurred prior to the Effective Date.

The following benefits are payable per unit, per Covered Person, as shown below. The number of units selected by the Policyholder for each benefit is shown on the Schedule of Benefits.

Module 1 – Accident Emergency Treatment

Accident Emergency Treatment Benefit – If a Covered Person receives treatment for an Accidental Bodily Injury, we will pay \$25 per unit for treatment received. This benefit is payable for treatment by a Physician, X-rays, treatment received in a Hospital emergency room, or Physician's office. Treatment must be received within 96 hours of such Accident for benefits to be payable. This benefit is payable once per Accident, per Covered Person. Benefits will not be paid for services rendered by an Immediate Family Member.

Major Diagnostic Examinations Benefit – We will pay \$40 per unit, per Covered Person, for one Major Diagnostic Examination per Accident. This benefit is limited to one Major Diagnostic Examination per Accident. Such examination must be performed within 90 days of the Accidental Bodily Injury. Major Diagnostic Examinations are limited to the following:

1. CT (computerized tomography) scan;
2. MRI (magnetic resonance imaging); and
3. EEG (electroencephalogram).

Dislocation Benefit - Dislocations which are reduced under general anesthesia are payable as follows:

1. If a Covered Person receives more than one Dislocation in an Accident and requires open or closed Reduction, we will pay 1½ times the amount for the Dislocation involved that has the highest benefit amount. No other amount will be paid under this benefit;
2. If a Covered Person receives a Dislocation and a Fracture in the same Accident, we will pay 1½ times the amount for the Dislocation or Fracture involved that has the highest benefit amount. No other amount under this benefit or the Fracture Benefit will be paid; and
3. If a Dislocation is reduced without general anesthesia by a Physician, we will pay 25% of the amount shown for the Dislocation involved.
4. Benefits are payable only for the first Dislocation of a joint. If a Covered Person dislocates a joint and then dislocates the same joint again, the second same joint Dislocation would not be covered.

Dislocation Benefit

Benefit per Unit

Hip	
Open Reduction	\$800
Closed Reduction	\$270
Knee or Shoulder	
Open Reduction	\$270
Closed Reduction	\$110
Collar Bone	
Open Reduction	\$430
Closed Reduction	\$ 80
Ankle or Foot (excluding toes)	
Open Reduction	\$270
Closed Reduction	\$ 80
Lower Jaw	
Open Reduction	\$270
Closed Reduction	\$140
Wrist or Elbow	
Open Reduction	\$220
Closed Reduction	\$110
Toe or Finger	
Open Reduction	\$ 60
Closed Reduction	\$ 30

Fracture Benefit – If a Covered Person receives more than one Fracture in an Accident and requires open or closed Reduction, we will pay 1½ times the amount for the Fracture involved that has the highest benefit amount. No other amount will be paid under this benefit.

If a Covered Person receives a Fracture and a Dislocation in the same Accident, we will pay 1½ times the amount for the Fracture or Dislocation involved that has the highest benefit amount. No other amount under this benefit or the Dislocation benefit will be paid.

Chip Fractures pay 10% of the benefit amount for the Fracture involved.

<u>Fracture Benefit</u>	<u>Benefit per Unit</u>
Hip	
Open Reduction	\$1,000
Closed Reduction	\$340
Leg	
Open Reduction	\$420
Closed Reduction	\$340
Skull	
Depressed	\$540
Simple.....	\$200
Hand (excluding fingers) Foot (excluding toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	
Open Reduction	\$340
Closed Reduction	\$170
Vertebrae (body of), Pelvis (excluding coccyx)	\$170
Upper Jaw, Upper Arm or Face (excluding Nose), Collar Bone	
Open Reduction	\$400
Closed Reduction	\$170
Rib(s)	
Open Reduction	\$670
Closed Reduction	\$70
Nose, Heel or Finger(s)	
Open Reduction	\$340
Closed Reduction	\$70
Coccyx	
Open Reduction	\$140
Closed Reduction	\$70
Toe(s)	
Open Reduction	\$140
Closed Reduction	\$70
Vertebral Processes	
Open Reduction	\$670
Closed Reduction	\$100

Benefits are not payable for services rendered by an Immediate Family Member.

Module 2 – Follow-Up Visits and Physical Therapy

Accident Follow-Up Treatment Benefit – While this coverage is in force, if a Covered Person first receives treatment for an Accidental Bodily Injury within 96 hours of an Accident and later requires additional treatment for the same injury, we will pay \$10 per unit for such follow-up treatment as follows:

1. This benefit is payable up to a maximum of three follow-up treatments per Accident per Covered Person.
2. Such treatment must begin within 30 days of, and be completed within, the six-month period following the later of the following dates:
 - a. The Accident;
 - b. Discharge from the Hospital from a covered Confinement; or
 - c. Discharge from the Extended Care Facility; and
3. Treatments must be furnished by a Physician in a Physician's office or in a Hospital on an Outpatient basis.

Physical Therapy Benefit –While this coverage is in force, if a Physician advises a Covered Person to seek treatment from a Physical Therapist, we will pay a benefit amount of \$10 per unit, per treatment, up to a maximum of 10 treatments per Accident. Physical Therapy must begin within 120 days of the Accident. All treatments must be completed within one year of the Accident.

Module 3 – Initial Accident Hospitalization

Initial Accident Hospitalization Benefit – When a Covered Person is Hospital Confined for 24 hours or more for an Accidental Bodily Injury, we will pay the following benefit amounts:

1. Hospital admission – \$300 per unit for the first Hospital admission due to an Accident; and
2. Intensive Care Unit (ICU) – \$300 per unit for the first ICU admission due to an Accident.

An ICU admission benefit is paid even if admitted to the Hospital initially, and then transferred to ICU later during the same hospitalization.

This benefit is payable only once per Hospital or ICU Confinement and only once per Covered Person per Accident.

Ambulance Benefit – We will pay for ambulance transportation by a licensed ambulance service if the Covered Person is transferred by ambulance to the nearest Hospital for treatment within 96 hours of an Accident in the amounts as follows:

1. \$60 per unit for ground ambulance; or
2. \$300 per unit for air ambulance.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for a Covered Person's Accident that is caused by or occurs as a result of one of the following events:

1. Driving any taxi for wage, compensation, or profit;
2. Mountaineering, parachuting, or hang gliding;
3. Voluntarily taking, administering, absorbing, or inhaling poison, gas, or fumes;
4. Alcoholism or drug addiction;
5. Participating in any sport or sporting activity for wage, compensation, profit, or racing any type vehicle in an organized event;
6. Traveling in or descending from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
7. War, or any act of war, whether declared or undeclared;
8. Participating in any activity or event, including the operation of a vehicle, while intoxicated or under the influence according to the laws of the jurisdiction in which the Accident occurred;
9. Participating in a riot, civil commotion, civil disobedience, or unlawful assembly.
10. Committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation;
11. Intentionally self-inflicting a bodily injury or attempting suicide, while sane or insane;
12. Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception;
- [13. Injuries that occur in the workplace or during the course of any employment for pay, benefit, or profit.]

PREMIUMS

All premiums are payable on or before the date they are due.

We have the right to change the premium rates on any premium due date in accordance with the terms of the Policy. If the rates are changed, we will give at least a 31-day advance written notice to the Policyholder, or to you if the Portability Option is in effect.

If the premiums increase because a change in benefits increases our liability, premium rates may be changed on the date that our liability is increased, without regard to any premium rate guarantee.

TERMINATION OF INSURANCE

Subject to the Portability Option, your insurance will cease on the earliest of:

1. The date of your death;
2. The date on which you cease to be eligible for coverage;
3. The last date for which premium payment has been made to us, subject to the Grace Period;
4. The date on which you terminate employment;
5. The date the Policy terminates, subject to the Portability Option; or
6. The date you send us a written notice that you want to cancel coverage.

The insurance on a Dependent will cease on the earliest of:

1. The date of your death;
2. The date your coverage terminates;
3. The last date for which premium payment has been made to us, subject to the Grace Period;
4. The date the Dependent no longer meets the definition of Dependent;
5. The date the Certificate is modified so as to exclude Dependent coverage; or
6. The date you send us a written notice that you want to cancel coverage on your Dependent.

We will have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Certificate.

Extension of Benefits - Whenever termination of coverage under this section occurs due to termination of your employment or membership, such termination will be without prejudice to:

1. Any Hospital Confinement which began while coverage was in force; or
2. Any covered treatment or service for which benefits would be provided and which began while coverage was in force; provided, however, that the Covered Person is and continues to be Hospital Confined or receiving treatment.

Such Extension of Benefits will continue for up to the earlier of:

1. 30 days; or
2. The date on which the Covered Person is no longer hospitalized or receiving treatment.

PORTABILITY OPTION

While you are alive, if you lose eligibility for this insurance for any reason other than nonpayment of premiums, you will have the option to continue this Certificate (including any Riders, if applicable) by paying the premiums directly to us at our Administrative Office within 31 days after this insurance terminates. We will bill you for these premiums after you notify us to continue this coverage. The premiums you pay directly to us may exceed the premiums that were paid through the Policyholder due to increased administrative costs for direct billing. If you stop paying the premiums under this option, this coverage will cease, subject to the terms of the Grace Period.

This Portability Option is only available for the Insured and the Insured's Dependents; it is not available for the Insured's Dependents without the Insured.

CLAIMS PROVISIONS

Claim Forms - Claim forms should be used for filing Proof of Loss. We will send such form to the claimant within 15 days of receipt of notice of claim. If we fail to supply the proper claim forms within 15 days, you can give proof in writing setting forth the nature and extent of the loss within the time stated in the Proof of Loss provision.

Claims Procedure - Due Proof of Loss must be submitted to us at our Administrative Office. You or a personal representative may obtain a claim form by calling our toll-free telephone number listed on the Cover Page.

Notice of Claim - Written notice of claim must be given to us at our Administrative Office or to our agent. Such notice should be made within 30 days after any loss covered by the Certificate. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay.

Payment of Claim Benefits - Benefits may be assigned to the provider(s) of such benefits. Otherwise, all benefits payable under the Policy will be paid to you. Accrued benefits that are not paid at your death will be paid to your Spouse, or if there is no Spouse, then to your estate. We may pay up to \$1,000 of such benefit to one of your relatives at our discretion. Such payment fully discharges us to the extent of the payment.

Proof of Loss - Satisfactory written Proof of Loss must be given to us at our Administrative Office. Proof must be sent within 90 days after the date of such loss.

Failure to furnish such proof within such time will not invalidate nor reduce any claim if it was not reasonably possible to furnish such proof and that it was furnished as soon as it was reasonably possible. In any event, the proof required must be given no later than one year from the time of loss, unless the claimant was legally incapacitated.

Time of Payment of Claims – After receiving written Proof of Loss, we will immediately pay all benefits then due under this Certificate.

GENERAL PROVISIONS

Assignment - The Insured may assign benefits under this Certificate. We assume no responsibility for the validity or effect of any assignment of this Certificate or any interest in it.

Change of Beneficiary - Unless the Insured makes an irrevocable designation of beneficiary, the right to change beneficiary is reserved to the Insured and the consent of the beneficiary or beneficiaries will not be required to surrender or assign this Certificate or to change beneficiaries, or to make any other coverage changes.

Changes to this Certificate - Only our President, Vice President, Secretary, or an Assistant Secretary may make any changes to this Certificate and then only in writing. No agent or Policyholder has authority to change the Policy or this Certificate or to waive any of its provisions. Any changes are subject to the laws of the governing jurisdiction.

Clerical Error - A clerical error by us will not invalidate insurance otherwise in force, nor continue insurance otherwise not validly in force.

Conformity with State Laws – Should any provision of this Certificate conflict with a law of the governing jurisdiction, it is hereby amended to conform to the minimum requirements of that law.

Entire Contract - The Group Master Policy, this Certificate, any attached Amendments, Endorsements, or Riders, the Policyholder's Application, and your Application.

Grace Period – A period of 31 days from the premium due date will be allowed for each premium payment after the first premium payment has been made. Coverage will stay in force during this time. The coverage under this Certificate will terminate at the end of the Grace Period if the premium has not been paid. You must still pay all unpaid premium. This includes the premium due for the Grace Period.

Legal Action - No legal action may be brought to recover under the Policy or Certificate:

1. Within 60 days after written Proof of Loss has been furnished as required; or
2. More than three years from the time written Proof of Loss is required to be furnished.

Misstatement of Age - If the Covered Person's age has been misstated, the Covered Person's true age will be used to adjust the premium or adjust the benefits paid.

No Dividends Payable - This Certificate does not participate in the profits or surplus earnings of the Company.

Physical Examinations and Autopsy - We reserve the right to have a Covered Person examined by a Physician of our choice as often as reasonably necessary while a claim is pending. We will pay for such examination. In case of death, we may request an autopsy where it is not forbidden by law.

Time Limit on Certain Defenses

Misstatements in the Application - We will not use any statement, except fraudulent statements, in your Application to void or reduce benefits after this Certificate has been in force during your lifetime for two years from the Effective Date of coverage. Any such statement would have to be in a signed form. This also applies to all Riders. Any increase in benefit amount will be subject to a new two-year contestable period for the increased benefit amount only.

All statements made are considered representations and not warranties. No such statement will be used in any contest, unless a copy of such statement has been furnished to you.

When Notice is to be Given by Us – Any notice to you will be sent to your last known address.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, IA 52499]
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

ARKANSAS AMENDMENT

This Amendment is part of the contract to which it is attached. The contract is amended as follows for the contracts issued in the State of Arkansas.

The following notice is added to the cover page of the contract:

If we at Transamerica Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
(501) 371-2640

DEFINITIONS

Item 2 of the second paragraph of the definition of **Child** is revised to read as follows:

2. To obtain the continuation, you must submit proof of the Child's incapacity to us. If proof that the Child was incapacitated from the date the Child attained the limiting age is not submitted before or at the time Proof of Loss is submitted for a claim, benefits will not be extended past the date the Child attained the limiting age.

ELIGIBILITY AND EFFECTIVE DATE

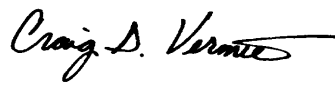
The second paragraph of the **Newborn or Newly-Adopted Child Effective Date** provision is revised to change any reference to a "31-day" period to a "90-day" period. The second paragraph now reads as follows:

If this Certificate was issued as Individual Type of Coverage, the Child's coverage will not continue past the 90-day period following birth or placement, unless:

1. You have Single Parent Family or Family Type of Coverage in force;
2. You have notified us by the end of the 90-day period of the addition of such Child; and
3. You have paid any applicable additional premium.

This Amendment does not waive, alter, or extend any conditions or provisions of the contract except to the extent shown. It is subject to all the terms and limitations of the contract. This Amendment takes effect and expires concurrently with the contract to which it is attached.

This Amendment is signed for the Company at our Home Office to take effect on the contract's Effective Date.

[]
[General Counsel and Secretary]

TRANSAMERICA LIFE INSURANCE COMPANY

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ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

Accidental Death - Loss of life resulting from an Accidental Bodily Injury. The death must occur within 90 days of the Accidental Bodily Injury.

Air Bag System – An automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.

Automobile – A four-wheeled private passenger motor vehicle licensed for use on public highways and is not being used to transport passengers for hire.

Covered Loss – An Accidental Death or a Dismemberment. Such a loss must occur within 90 days of an Accidental Bodily Injury subject to the Exclusions and Limitations provisions of the contract. Covered Loss also includes an Accidental Death or Dismemberment resulting from unavoidable exposure to the elements if such loss occurs within 90 days of the date of an Accidental Bodily Injury.

Dismemberment - An Accidental Bodily Injury that, directly and independently of all other causes, results in the complete severance of a body extremity or the complete loss of sight, speech, or hearing.

Loss of a hand means the entire loss of at least four fingers. Loss of a finger or toe means complete severance at the hand or foot. Loss of a foot means complete severance at or above the ankle joint. Loss of an arm means complete severance above the elbow. Loss of a leg means complete severance above the knee. Loss of sight, speech, or hearing means total and permanent loss of sight, speech, or hearing.

Licensed Day Care Center – An appropriately licensed facility or home that:

1. Provides supervision for more than six persons (other than persons who reside there) under the age of 13 for less than 24 hours per day;
2. Receives a payment for providing dependent care services; and
3. Has a Taxpayer Identification Number.

Proceeds - The amount of benefits payable for an Accidental Death and Dismemberment is equal to the Accidental Death and Dismemberment benefit amount per unit, times the number of units selected, less any premium due and unpaid.

Public Transportation – A public passenger conveyance operated by a licensed common carrier for the transportation of the general public for a fare and operating on regularly scheduled passenger routes with a definite schedule of departures and arrival times. Common carrier vehicles are limited to commercial airplanes, trains, buses, trolleys, subways, ferries, and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis, limousines, and privately chartered vehicles are not common carriers.

Seatbelt – A properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seatbelt will include a lap belt only if the Automobile was not equipped with a combination lap and shoulder restraint system when manufactured.

Survivor – For purposes herein, a “Survivor” will refer to the surviving Insured, if the Spouse is deceased from the Accidental Death; it refers to the surviving Spouse, if the Insured is deceased from the Accidental Death; and it refers to the legally appointed guardian of each surviving Child if both the Insured and Spouse are deceased.

BENEFITS

We will pay the following benefits as applicable if a Covered Person's Death or Dismemberment is caused by an Accident. Death or Dismemberment must be independent of disease or bodily infirmity or any other cause other than an Accident. Such Accident must occur while coverage is in force.

The number of units selected by the Policyholder for this Rider is shown on the Schedule of Benefits.

A. Accidental Death Benefit

If the Covered Person dies as the result of an Accidental Bodily Injury, we agree to pay the Proceeds to the Beneficiary. This Rider must be in force at the time of death. We must receive satisfactory proof of the Covered Person's death. If an Accidental Dismemberment Benefit has been paid prior to an Accidental Death resulting from the same Accident, the Accidental Death Benefit due will be reduced by any Accidental Dismemberment Benefits amount previously paid.

One of the following benefits (1 through 3) is payable per unit, per Accident, for each Covered Person as shown below.

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
1. Common Carrier Accidental Death	\$30,000	\$30,000	\$15,000
2. Automobile Accidental Death			
a. With Seatbelt and Air Bag deployed	\$22,000	\$22,000	\$11,000
b. With Seatbelt, without Air Bag	\$20,000	\$20,000	\$10,000
c. Without Seatbelt, without Air Bag	\$15,000	\$15,000	\$ 7,500
3. Other Accidental Death	\$10,000	\$10,000	\$ 5,000

1. **Common Carrier Accidental Death** – We will pay the Common Carrier Benefit for an Accidental Death if both of the following events occur:
 - a. The Covered Person dies as a result of an Accident for which an Accidental Death Benefit is payable; and
 - b. The Accident occurs while the Covered Person was riding as a fare-paying passenger on Public Transportation.
2. **Automobile Accidental Death** – We will pay the Automobile Accidental Death Benefit if a Covered Person dies as a result of an Automobile Accident for which an Accidental Death Benefit is payable. Benefit amounts payable are shown in the above chart for the following events:
 - a. **Seatbelt** - The Covered Person was wearing and was properly utilizing a Seatbelt at the time of the Accident, as evidenced by a police accident report.
 - b. **Air Bag System** - The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer; and the Covered Person was seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System and the Air Bag System deployed, as evidenced by a police accident report

This benefit will not be payable if the Covered Person is the driver of the Automobile and does not hold a current and valid driver's license.

3. **Other Accidental Death** – Any covered Accidental Death other than a Common Carrier or Automobile.

B. Transportation of Remains Benefit

The following benefit will be paid to the Beneficiary, per unit, when applicable, if the Accidental Death Benefit is payable for the Covered Person:

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
Transportation of Remains Benefit	\$400	\$400	\$200

We will pay a Transportation of Remains Benefit if the following conditions are met:

1. The Covered Person dies more than 200 miles from their primary residence; and
2. Expenses are incurred to transport the Covered Person's body to a mortuary near their primary place of residence.

C. Additional Benefits for Accidental Death

The following benefit(s) will be paid to the Survivor, per unit, when applicable if the Accidental Death Benefit is payable.

	<u>Insured</u>	<u>Spouse</u>
*Surviving Child Educational Benefit	\$800	\$800
*Licensed Day Care Center Benefit	\$300	\$300
*Career Enrichment Benefit	\$800	\$800

*These three benefits do not require the Spouse or Child to be insured under this Rider.

Surviving Child Educational Benefit - We will pay a Surviving Child Educational Benefit to the Survivor. The following conditions must be met:

1. The surviving Child must be within the ages of 17 through 21; and
2. The surviving Child must be enrolled as a regular, full time student at an accredited college, university, a 2-year college, vocational, or trade school; or
3. The surviving Child must enroll, within 365 days of such death, at an accredited school described in item 2, above.

We will pay \$800 per unit each year for up to 4 years while the surviving Child is enrolled in school. We will continue to pay this benefit only while the surviving Child remains a full-time student. We will pay this benefit in equal installments over the 4-year period. We will pay separate benefits for each surviving Child who meets the requirements for this benefit. Satisfactory proof of student status must be provided annually.

If there is no surviving Child between the ages of 17 through 21, a one-time benefit of \$200 per unit will be paid to the Beneficiary.

Licensed Day Care Center Benefit - We will pay a Licensed Day Care Center Benefit to the Survivor. The following conditions must be met:

1. The surviving Child must be within the ages of newborn through 12;
2. The Survivor pays a Licensed Day Care Center, who is not an Immediate Family Member, for day care, within 90 calendar days after the date of the Accidental Death; and
3. The day care is necessary in order for the Survivor to work or to obtain training for work.

We will pay \$300 per unit each year for up to 3 years while the surviving Child is enrolled in a Licensed Day Care Center, provided the Child remains enrolled in a Licensed Day Care Center during that time. We will pay this benefit in equal installments over the 3-year period. We will pay separate benefits for each surviving Child who meets the requirements for this benefit. Satisfactory proof of enrollment must be provided annually.

If there is no surviving Child between the ages of newborn through 12, a one-time benefit of \$100 per unit will be paid to the Beneficiary.

Career Enrichment Benefit - We will pay a Career Enrichment Benefit to the Survivor for a professional or trade training program in which the Survivor has enrolled on a full-time basis within 24 months of the Accidental Death. The training program must be for the purpose of obtaining an independent source of income or enriching the Survivor's ability to earn a living. The training program must be at an accredited college, university, a 2-year college, vocational, or trade school.

We will pay \$800 per unit each year for up to 4 years while the Survivor remains enrolled in a training program. Satisfactory proof of enrollment must be provided annually.

If both the Insured and Spouse have died, a one-time benefit of \$200 per unit will be paid to the Beneficiary.

D. Accidental Dismemberment Benefits

We will pay a benefit, per unit, per Covered Person, for Dismemberment due to an Accident. Dismemberment must occur within 90 days of such Accidental Bodily Injury. If an Accidental Death Benefit is payable after Accidental Dismemberment Benefits have been paid from the same Accident, we will deduct the Accidental Dismemberment Benefits paid from the Accidental Death Benefit due.

Dismemberment or complete loss of, with or without reattachment:

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
One or more fingers or one or more toes	\$ 500	\$ 500	\$ 250
One eye, hand, foot, arm, or leg	\$ 2,000	\$ 2,000	\$ 1,000
Two eyes, hands, or feet	\$ 5,000	\$ 5,000	\$ 2,500
Speech or hearing in both ears	\$ 5,000	\$ 5,000	\$ 2,500
Two arms or two legs	\$ 5,000	\$ 5,000	\$ 2,500
Speech and hearing in both ears	\$10,000	\$10,000	\$ 5,000
Both arms and both legs	\$10,000	\$10,000	\$ 5,000

The total Accidental Dismemberment Benefit will not exceed \$10,000 per unit for Insured or Spouse and \$5,000 per unit for Child, per Accident.

EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Insured in writing of a different date.

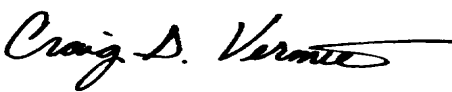
TERMINATION

This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider's Effective Date.

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[General Counsel and Secretary]

[]

[President]

TRANSAMERICA LIFE INSURANCE COMPANY

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(Hereinafter called "the Company," "we," "us," or "our")

ACCIDENT HOSPITAL AND ICU INCOME RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

DEFINITIONS

In addition to the definitions contained in the contract, the following definition applies to this Rider.

Intensive Care Unit (ICU) - A specially designated area of a Hospital that provides the highest level of medical care restricted to those patients who are critically ill or critically injured. It must be separate and apart from the surgical recovery room and other rooms, wards, or beds normally used for patient confinement. It must also meet these additional requirements:

1. It is provided with constant and continuous nursing care by nurses assigned to it on a full-time basis;
2. It is under the full-time direction and/or supervision of either a Physician or a standing committee of the Hospital's medical staff; and
3. It contains special life-saving equipment.

ICU includes:

1. Intensive cardiac and coronary care units;
2. Neonatal intensive care units; and
3. Burn intensive care units, if such units meet the conditions of this definition.

The following care units do not qualify as an ICU:

1. Progressive Care Units;
2. Sub-acute Intensive Care Units;
3. Intermediate Care Units;
4. Step-Down Units;
5. Private rooms with monitoring; or
6. Any lesser care units.

BENEFITS

The following benefits are payable per unit as shown below. The number of units selected by the Policyholder for this Rider is shown on the Schedule of Benefits.

Accident Hospital Income Benefit - While this Rider is in force, if a Covered Person requires Hospital Confinement for treatment of an Accident, we will pay \$10, per unit, per day, of Confinement. Confinement must start within 30 days of the Accident. We will pay this benefit up to 365 days per Accident.

Accident ICU Benefit - While a Covered Person is receiving the Accident Hospital Income Benefit, we will pay an additional \$30, per unit, for each day the Covered Person is Confined in an ICU. This ICU benefit is payable for up to 15 days per Accident.

EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Insured in writing of a different date.

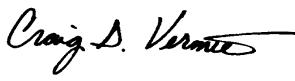
TERMINATION

This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider's Effective Date.

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[General Counsel and Secretary]

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[President]

TRANSAMERICA LIFE INSURANCE COMPANY

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EXPANDED BENEFITS RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

Coma – A state of unconsciousness for 14 consecutive days due to an Accident with:

1. No reaction to external stimuli;
2. No reaction to internal needs, and
3. The use of life support systems.

Prosthetic Device – An artificial device which is prescribed by a Physician, designed to replace a missing body part when the Covered Person loses a hand, foot, or an eye due to an Accident.

BENEFITS

This Rider provides the following benefits once per Accident, per Covered Person, for Accidental Bodily Injury. The benefit amounts shown below are the amounts per unit. The number of units selected by the Policyholder for this Rider is shown on the contract's Schedule of Benefits.

		<u>Benefit Amount</u>
A. Burns		
Benefits are payable for Burns treated by a Physician within 96 hours after the Accident.		
1.	Second-degree burns of at least 25% but not more than 35% of body surface	\$ 60.00
2.	Second-degree burns of more than 35% of body surface	\$ 150.00
3.	Third-degree burns covering 6 through 10 square centimeters of the body surface	\$ 150.00
4.	Third-degree burns covering 10 through 25 square centimeters of the body surface	\$ 400.00
5.	Third-degree burns covering 25 through 35 square centimeters of the body surface	\$ 900.00
6.	Third-degree burns covering more than 35 square centimeters of the body surface	\$1,200.00
One or more skin grafts for a covered burn will be paid at 50% of the Burn benefit amount we paid for the Burn involved.		
B. Lacerations		
Benefits are payable for lacerations treated or repaired within 96 hours after the Accident.		
1.	Lacerations not requiring sutures	\$ 4.00
2.	Single laceration less than 7.5 centimeters	\$ 8.00
3.	Lacerations 7.6 to 20 centimeters	\$ 30.00
4.	Lacerations over 20 centimeters	\$ 60.00
C. Eye Injury		
Benefits are payable for eye injury.		
1.	With surgical repair	\$ 40.00
2.	Non-surgical removal of foreign body by a Physician	\$ 7.00
D. Emergency Dental Work		
Benefits are payable for dental benefits for broken teeth.		
1.	One or more broken teeth repaired with crowns; and	\$ 30.00
2.	One or more broken teeth resulting in extractions.	\$ 8.00

- E. Brain Concussion** \$ 20.00
Benefits are payable for a concussion that is diagnosed by a Physician within 96 hours after the Accident.
- F. Coma** \$1,500.00
Benefits are payable for a Coma.
- G. Paralysis**
Benefits are payable for paralysis lasting a minimum of 30 days.
1. Quadriplegia (paralysis of four limbs) \$1,500.00
 2. Paraplegia (paralysis of lower limbs) \$ 750.00
- H. Tendons, Ligaments, and/or Rotator Cuffs**
Benefits are payable for tendons, ligaments, and/or rotator cuffs that are detached, torn, ruptured, or severed. Surgical repair must be performed by a Physician within one year of the Accident. Only one of the following benefits is payable:
1. Arthroscopic surgery with no repair; \$ 20.00
 2. Repair of one; or \$ 50.00
 3. Repair of two or more. \$100.00
- I. Ruptured Discs and/or Torn Knee Cartilage**
Benefits are payable for a disc in the spine that is ruptured and/or knee cartilage that is torn. Surgical repair must be performed by a Physician within one year of the Accident. Only one of the following benefits is payable:
1. Shaved cartilage (debridement) or arthroscopic surgery with no repair; \$ 20.00
 2. Repair of one; or \$ 50.00
 3. Repair of two or more. \$100.00
- J. Major Surgery** \$150.00
Benefits are payable for an open abdominal, cranial, or thoracic surgery performed by a Physician within one year of the Accident. Laparoscopic procedures are excluded.
- K. Appliance** \$ 20.00
Benefits are payable for a medical appliance recommended by a Physician as an aid in personal locomotion. Benefits include and are payable for such items as crutches, leg braces, wheelchairs, and walkers. This benefit is not payable for Prosthetic Devices.
- L. Prosthetic Devices**
Benefits are payable for one or more Prosthetic Devices. The Prosthetic Device(s) must be received within one year of the Accident. This benefit is not payable for hearing aids, dental aids (including false teeth), eye glasses, or for cosmetic Prosthetic Devices such as hair wigs. We will not pay for joint replacement, such as an artificial hip or knee.
1. Benefit for one Prosthetic Device; or \$75.00
 2. Benefit for two or more Prosthetic Devices. \$150.00
- M. Blood, Plasma, and Platelets** \$40.00
Benefits are payable for blood, plasma, and/or platelets required for the treatment of Accidental Bodily Injury. Immunoglobulins are not covered.
- N. Transportation** \$60.00
Benefits are payable per round trip, up to 2 round trips to the Hospital per Accident, per Covered Person if special treatment and Hospital Confinement occurs within 30 days of an Accidental Bodily Injury. The local attending Physician must prescribe the treatment, and the treatment must not be available locally. This benefit is not payable for transportation to any Hospital located within a 100-mile radius of the site of the Accident or residence of the Covered Person.

O. Family Lodging

\$15.00

Benefits are payable per day, up to a maximum of 30 days per Accident, for one motel/hotel room for a member(s) of the Immediate Family to accompany the Covered Person if Hospital Confinement is within 30 days of an Accident for the treatment of Accidental Bodily Injury. Benefits are payable only for the same time period that the injured Covered Person is Hospital Confined in a facility 100 or more miles from the Covered Person's residence. The local attending Physician must prescribe the treatment. Benefits will not be paid for services rendered by an Immediate Family Member.

EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Insured in writing of a different date.

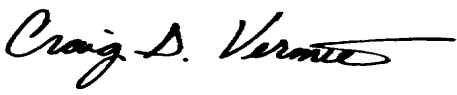
TERMINATION


This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider's Effective Date.

[]
[General Counsel and Secretary]

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[President]

TRANSAMERICA LIFE INSURANCE COMPANY

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WELLNESS BENEFIT RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

DEFINITION

Waiting Period – The number of days shown on the Schedule of Benefits from this Rider's Effective Date that no benefits are payable.

BENEFITS

Wellness Benefit

After any Waiting Period shown on the contract's Schedule of Benefits, we will pay \$10 per unit, per Calendar Year, for one annual health screening benefit for the Insured, and one annual health screening benefit for the covered Spouse for routine examinations or other preventive testing. The number of units selected by the Policyholder for this Rider is shown on the Schedule of Benefits.

The annual health screening tests payable under this benefit are listed as follows:

Health Screening Tests:

Blood test for triglycerides	Flexible sigmoidoscopy
Bone marrow testing	Hemocult stool analysis
Breast ultrasound	Mammography
CA 125 (blood test for ovarian cancer)	Pap test
CA 15-3 (blood test for breast cancer)	PSA (blood test for prostate cancer)
CEA (blood test for colon cancer)	Serum cholesterol test to determine HDL/LDL level
Chest X-ray	Serum Protein Electrophoresis (blood test for myeloma)
Colonoscopy	Stress test on a bicycle or treadmill
Fasting blood glucose test	Thermography

Health screening tests must be performed under the supervision of or recommended by a Physician, and a charge must be incurred. Satisfactory proof of the charges incurred for the health screening tests must be submitted with each new claim.

EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Insured in writing of a different date.

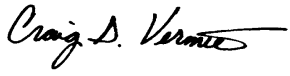
TERMINATION


This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider's Effective Date.

[]
[General Counsel and Secretary]

[]
[President]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, IA 52499]
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

ACCIDENT ONLY DISABILITY INCOME RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

Activities of Daily Living or ADLs – Activities that are performed without Direct Personal Assistance, allowing personal independence in everyday living. Activities of Daily Living are used in measuring levels of personal functioning capacity. This definition applies only if the Insured does not have a Full-Time Job.

ADLs include:

1. Bathing - The ability of a person to wash himself or herself by sponge bath, either in a tub or shower, including the task of getting into and out of the tub or shower.
2. Continence - The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. Dressing - The ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. Eating - The ability of a person to feed himself or herself by getting food into his or her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
5. Toileting - The ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.
6. Transferring - The ability to move into or out of a bed, chair or wheelchair.

Direct Personal Assistance – The Insured is considered to need Direct Personal Assistance in performing ADLs when:

1. The Insured requires direct physical assistance from another party to help perform an ADL, each and every time such The Insured performs that activity; and
2. The Insured cannot perform the entire activity alone with the supports and mechanical aids that are normally available.

Elimination Period - The number of days that must elapse before benefits become payable are shown on the Schedule of Benefits. The Elimination Period starts on the first day that the Insured becomes Totally Disabled. The Insured must be continuously disabled during the Elimination Period. During an Elimination Period, benefits are not payable and do not accrue.

Monthly Compensation means:

1. One-twelfth (1/12) of the Insured's gross annual salary; or
2. With respect to the Insured whose salary is solely or partially based on commissioned sales, bonus, or overtime earnings, one twenty-fourth (1/24) of the preceding 24 months' salary.

Regular Care and Attendance – The Insured is under the care of a Physician at least once a month or until the Physician determines that the Insured:

1. Has reached a state where continuous medical care is unnecessary; and
2. Is still Totally Disabled.

Total Disability –

Full-Time Job: The Insured's inability to engage in or perform all of the material and substantial duties of his or her occupation.

Not Employed Full Time: The Insured's inability to perform two or more ADLs without Direct Personal Assistance, as certified by a Physician, each and every time the activity is performed.

Total Disability will be considered to exist when the Insured is under the Regular Care and Attendance of a Physician for the Necessary Treatment of the Accident, and is not actually engaged in any substantially gainful occupation. Total Disability must begin while this Rider is in force. Total Disability will end when the Insured has been released by a Physician to return to work.

Totally Disabled – The Insured will be considered Totally Disabled only for the period of time he/she meets the requirements for Total Disability.

BENEFITS

Monthly Benefit – Total Disability as a result of an Accident

Full-Time Job - If the Insured had a Full-Time Job at the time of the Accident, and suffers continuous Total Disability as a result of an Accidental Bodily Injury, we will pay the Monthly Benefit as shown on the Schedule of Benefits. Total Disability must occur within 90 days of the date of the Accident. The Insured must require the Regular Care and Attendance of a Physician. Benefits will commence on the first day of Total Disability following the Elimination Period shown on the Schedule of Benefits for a period not to exceed the Benefit Period per Accident. Disability benefits will be paid for only one disability when:

1. More than one disability exists at the same time; or
2. A disability results from two or more causes.

A period of Total Disability due to the same or related cause or causes as that of an earlier period of covered Total Disability may be a continuation of the earlier period. If the Insured resumes an occupation, following a covered disability, and performs all the material and substantial duties for a continuous period of 6 months or more, we will consider any subsequent disability as a new period of Total Disability. If less than 6 months have passed, we will consider it to be a continuation of the earlier disability.

A new disability is subject to a new Elimination Period and a new Benefit Period. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period or a new Benefit Period.

Not Employed Full-Time – If the Insured did not have a Full-Time Job at the time of the Accident, and:

1. As a result of the Accident is not able to perform two or more ADLs, as certified by the Insured's Physician; and
 2. Requires Direct Personal Assistance to perform such ADLs,
- we will pay the Benefit Amount shown on the Schedule of Benefits for each month the Insured cannot perform such ADLs.

This inability to perform ADLs must occur within 90 days of the Accidental Bodily Injury. Regular Care and Attendance of a Physician is required. Benefits will commence on the first day Direct Personal Assistance is required to perform such ADLs following the Elimination Period not to exceed the Benefit Period per Accident.

A period of Total Disability due to the same or related cause or causes as that of an earlier period of covered Total Disability may be a continuation of the earlier period. If the Insured resumes the ability to perform all ADLs without Direct Personal Assistance following a covered disability and continues to have this ability for 6 months or more, we will consider any subsequent disability as a new period of Total Disability. If less than 6 months have passed, we will consider it to be a continuation of the earlier disability.

A new disability is subject to a new Elimination Period and a new Benefit Period. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period or a new Benefit Period.

The Benefit Period per Accident is shown on the Schedule of Benefits.

Benefits for Less Than a Month

Benefits for a part of a month will be paid on a daily basis. The daily rate is 1/30th of the Monthly Benefit.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for the Insured's disability that is caused by or occurs as a result of one of the following events:

1. Accidental Bodily Injury that is being treated outside of the territorial limits of the United States or, if outside the United States, the territorial limits of the place where this Rider was issued.
2. Any disability which begins after termination of coverage will not be considered a continuation of a previous disability and will not be covered under the contract.

Other Insurance With Us - If the Insured has more than one disability benefit in force with us, the benefit under this Rider will be reduced so that the total benefit from all disability coverages with us does not exceed 80% of Monthly Compensation. The premiums paid for any benefit in excess of the 80% will be refunded.

Please refer to the contract for additional Exclusions and Limitations.

EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Insured in writing of a different date.

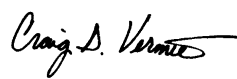
TERMINATION


This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The first of the month following the date of the Insured's 70th birthday;
4. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider's Effective Date.

[]
[General Counsel and Secretary]

[]
[President]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, IA 52499]
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

SICKNESS ONLY DISABILITY INCOME RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

Activities of Daily Living or ADLs – Activities that are performed without Direct Personal Assistance, allowing personal independence in everyday living. Activities of Daily Living are used in measuring levels of personal functioning capacity. This definition applies only if a Covered Person does not have a Full-Time Job.

ADLs include:

1. Bathing - The ability of the person to wash himself or herself by sponge bath, either in a tub or shower, including the task of getting into and out of the tub or shower.
2. Continence - The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. Dressing - The ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. Eating - The ability of a person to feed himself or herself by getting food into his or her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
5. Toileting - The ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.
6. Transferring - The ability to move into or out of a bed, chair or wheelchair.

Direct Personal Assistance – The Insured is considered to need Direct Personal Assistance in performing ADLs when:

1. The Insured requires direct physical assistance from another party to help perform an ADL, each and every time the activity is performed; and
2. The Insured cannot perform the entire activity alone with the supports and mechanical aids that are normally available.

Elimination Period - The number of days that must elapse before benefits become payable are shown on the Schedule of Benefits. The Elimination Period starts on the first day that the Insured becomes Totally Disabled. The Insured must be continuously disabled during the Elimination Period. During an Elimination Period, benefits are not payable and do not accrue.

Monthly Compensation means:

1. One-twelfth (1/12) of the Insured's gross annual salary; or
2. With respect to the Insured whose salary is solely or partially based on commissioned sales, bonus, or overtime earnings, one twenty-fourth (1/24) of the preceding 24 months' salary.

Preexisting Condition – A physical condition for which the Insured:

1. Had treatment; or
 2. Incurred expense; or
 3. Took medication; or
 4. Received a diagnosis or advice from a Physician,
- during the 12-month period immediately before this Rider's Effective Date.

A Preexisting Condition will also include a condition that manifests itself in a way that would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment.

Regular Care and Attendance – The Insured is under the care of a Physician at least once a month or until the Physician determines that the Insured:

1. Has reached a state where continuous medical care is unnecessary; and
2. Is still Totally Disabled.

Sickness - An illness or disease that first manifested more than 30 days after this Rider's Effective Date, and while coverage is in force. If the illness or disease is manifested within the first 30 days of this Rider's Effective Date, it will be considered a Preexisting Condition.

Total Disability –

Full-Time Job: The Insured's inability to engage in or perform all of the material and substantial duties of his or her occupation.

Not Employed Full Time: The Insured's inability to perform two or more ADLs without Direct Personal Assistance, as certified by a Physician, each and every time the activity is performed.

Total Disability will be considered to exist when the Insured is under the Regular Care and Attendance of a Physician for the Necessary Treatment of the Sickness, and is not actually engaged in any substantially gainful occupation. Total Disability must begin while this Rider is in force. Total Disability will end when the Insured has been released by a Physician to return to work.

Totally Disabled – The Insured will be considered Totally Disabled only for the period of time he/she meets the requirements for Total Disability.

BENEFITS

Monthly Benefit - Total Disability as a result of a Sickness

Full-Time Job - If the Insured had a Full-Time Job at the onset of Total Disability, and suffers continuous Total Disability as a result of a Sickness, we will pay the Monthly Benefit as shown on the Schedule of Benefits. The Insured must require the Regular Care and Attendance of a Physician. Benefits will commence on the first day of Total Disability following the Elimination Period shown on the Schedule of Benefits for a period not to exceed the Benefit Period per Sickness. Disability benefits will be paid for only one disability when:

1. More than one disability exists at the same time; or
2. A disability results from two or more causes.

A period of Total Disability due to the same or related cause or causes as that of an earlier period of covered Total Disability may be a continuation of the earlier period. If the Insured resumes an occupation, following a covered disability, and performs all the material and substantial duties for a continuous period of 6 months or more, we will consider any subsequent disability as a new period of Total Disability. If less than 6 months have passed, we will consider it to be a continuation of the earlier disability.

A new disability is subject to a new Elimination Period and a new Benefit Period. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period or a new Benefit Period.

Not Employed Full Time – If the Insured did not have a Full-Time Job at the onset of Total Disability, and:

1. As a result of a Sickness is not able to perform two or more ADLs, as certified by the Insured's Physician; and
 2. Requires Direct Personal Assistance to perform such ADLs,
- we will pay the Benefit Amount shown on the Schedule of Benefits for each month the Insured cannot perform such ADLs.

Regular Care and Attendance of a Physician is required. Benefits will commence on the first day Direct Personal Assistance is required to perform such ADLs following the Elimination Period not to exceed the Benefit Period per Sickness.

A period of Total Disability due to the same or related cause or causes as that of an earlier period of covered Total Disability may be a continuation of the earlier period. If the Insured resumes the ability to perform all ADLs without Direct Personal Assistance following a covered disability and continues to have this ability for 6 months or more, we will consider any subsequent disability as a new period of Total Disability. If less than 6 months have passed, we will consider it to be a continuation of the earlier disability.

A new disability is subject to a new Elimination Period and a new Benefit Period. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period or a new Benefit Period.

The Benefit Period per Sickness is shown on the Schedule of Benefits.

Benefits for Less Than a Month

Benefits for a part of a month will be paid on a daily basis. The daily rate is 1/30th of the Monthly Benefit.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for the Insured's disability that is caused by or occurs as a result of one of the following events:

1. Childbirth or charges related to normal pregnancy occurring within the first 10 months of the Rider's Effective Date. Complications of pregnancy will be covered to the same extent as a Sickness.
2. Disability that is being treated outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where this Rider was issued.
3. Any disability which begins after termination of coverage will not be considered a continuation of a previous disability and will not be covered under the contract.

Other Insurance With Us - If the Insured has more than one disability benefit in force with us, the benefit under this Rider will be reduced so that the total benefit from all disability coverages with us does not exceed 80% of Monthly Compensation. The premiums paid for any benefit in excess of the 80% will be refunded.

Preexisting Condition Limitation – No benefits are provided during the first 12 months for any Sickness that has been diagnosed, treated, or for which the Insured has incurred expense or has taken medication within 12 months prior to this Rider's Effective Date.

Please refer to the contract for additional Exclusions and Limitations.

EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Insured in writing of a different date.

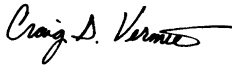
TERMINATION


This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The first of the month following the date of the Insured's 70th birthday;
4. The date of the Insured's death; or
5. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider's Effective Date.

[]
[General Counsel and Secretary]

[]
[President]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, IA 52499]

Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

SPOUSE OFF-THE-JOB ACCIDENT ONLY DISABILITY INCOME RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

Activities of Daily Living or ADLs – Activities that are performed without Direct Personal Assistance, allowing personal independence in everyday living. Activities of Daily Living are used in measuring levels of personal functioning capacity. This definition applies only if the Spouse does not have a Full-Time Job.

ADLs include:

1. Bathing - The ability of a person to wash himself or herself by sponge bath, either in a tub or shower, including the task of getting into and out of the tub or shower.
2. Continence - The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. Dressing - The ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. Eating - The ability of a person to feed himself or herself by getting food into his or her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
5. Toileting - The ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.
6. Transferring - The ability to move into or out of a bed, chair or wheelchair.

Direct Personal Assistance – The Spouse is considered to need Direct Personal Assistance in performing ADLs when:

1. The Spouse requires direct physical assistance from another party to help perform an ADL, each and every time the activity is performed; and
2. The Spouse cannot perform the entire activity alone with the supports and mechanical aids that are normally available.

Elimination Period - The number of days that must elapse before benefits become payable are shown on the Schedule of Benefits. The Elimination Period starts on the first day that the Spouse becomes Totally Disabled. The Spouse must be continuously disabled during the Elimination Period. During an Elimination Period, benefits are not payable and do not accrue.

Monthly Compensation means:

1. One-twelfth (1/12) of the Spouse's gross annual salary; or
2. With respect to the Spouse whose salary is solely or partially based on commissioned sales, bonus, or overtime earnings, one twenty-fourth (1/24) of the preceding 24 months' salary.

Off-the-Job Accident – An Accidental Bodily Injury which does not occur while the Spouse is in the workplace or during the course of any employment for pay, benefit, or profit.

Regular Care and Attendance – The Spouse is under the care of a Physician at least once a month or until the Physician determines that the Spouse:

1. Has reached a state where continuous medical care is unnecessary; and
2. Is still Totally Disabled.

Total Disability –

Full-Time Job: The Spouse's inability to engage in or perform all of the material and substantial duties of his or her occupation.

Not Employed Full Time: The Spouse's inability to perform two or more ADLs without Direct Personal Assistance, as certified by a Physician, each and every time the activity is performed.

Total Disability will be considered to exist when the Spouse is under the Regular Care and Attendance of a Physician for the Necessary Treatment of the Accident, and is not actually engaged in any substantially gainful occupation. Total Disability must begin while this Rider is in force. Total Disability will end when the Spouse has been released by a Physician to return to work.

Totally Disabled – The Spouse will be considered Totally Disabled only for the period of time he/she meets the requirements for Total Disability.

BENEFITS

Monthly Benefit – Total Disability as a result of an Off-the-Job Accident

Full-Time Job - If the Spouse had a Full-Time Job at the time of the Accident, and suffers continuous Total Disability as a result of an Accidental Bodily Injury, we will pay the Monthly Benefit as shown on the Schedule of Benefits. Total Disability must occur within 90 days of the date of the Accident. The Spouse must require the Regular Care and Attendance of a Physician. Benefits will commence on the first day of Total Disability following the Elimination Period shown on the Schedule of Benefits for a period not to exceed the Benefit Period per Accident. Disability benefits will be paid for only one disability when:

1. More than one disability exists at the same time; or
2. A disability results from two or more causes.

A period of Total Disability due to the same or related cause or causes as that of an earlier period of covered Total Disability may be a continuation of the earlier period. If the Spouse resumes an occupation, following a covered disability, and performs all the material and substantial duties for a continuous period of 6 months or more, we will consider any subsequent disability as a new period of Total Disability. If less than 6 months have passed, we will consider it to be a continuation of the earlier disability.

A new disability is subject to a new Elimination Period and a new Benefit Period. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period or a new Benefit Period.

Not Employed Full-Time – If the Spouse did not have a Full-Time Job at the time of the Accident, and:

1. As a result of the Accident is not able to perform two or more ADLs, as certified by the Spouse's Physician; and
 2. Requires Direct Personal Assistance to perform such ADLs,
- we will pay the Benefit Amount shown on the Schedule of Benefits for each month the Spouse cannot perform such ADLs.

This inability to perform ADLs must occur within 90 days of the Accidental Bodily Injury. Regular Care and Attendance of a Physician is required. Benefits will commence on the first day Direct Personal Assistance is required to perform such ADLs following the Elimination Period not to exceed the Benefit Period per Accident.

A period of Total Disability due to the same or related cause or causes as that of an earlier period of covered Total Disability may be a continuation of the earlier period. If the Spouse resumes the ability to perform all ADLs without Direct Personal Assistance following a covered disability and continues to have this ability for 6 months or more, we will consider any subsequent disability as a new period of Total Disability. If less than 6 months have passed, we will consider it to be a continuation of the earlier disability.

A new disability is subject to a new Elimination Period and a new Benefit Period. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period or a new Benefit Period.

The Benefit Period per Accident is shown on the Schedule of Benefits.

Benefits for Less Than a Month

Benefits for a part of a month will be paid on a daily basis. The daily rate is 1/30th of the Monthly Benefit.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for the Spouse's disability that is caused by or occurs as a result of one of the following events:

1. Accidental Bodily Injury that is being treated outside of the territorial limits of the United States or, if outside the United States, the territorial limits of the place where this Rider was issued.
2. Injuries that occur in the workplace or during the course of any employment for pay, benefit, or profit.
3. Any disability which begins after termination of coverage will not be considered a continuation of a previous disability and will not be covered under the contract.

Other Insurance With Us - If the Spouse has more than one disability benefit in force with us, the benefit under this Rider will be reduced so that the total benefit from all disability coverages with us does not exceed 80% of Monthly Compensation. The premiums paid for any benefit in excess of the 80% will be refunded.

Please refer to the contract for additional Exclusions and Limitations.

EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Insured in writing of a different date.

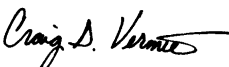
TERMINATION

This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The date of the Insured's death;
4. The first of the month following the date of the Spouse's 70th birthday; or
5. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim which commenced while the contract and/or Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider's Effective Date.

[]

[General Counsel and Secretary]

[]

[President]

[Logo]

Transamerica Life Insurance Company ("Insurer")

Home Office: [Cedar Rapids, IA]
 [Administrative Office: P.O. Box 8063
 Little Rock, AR 72203-8063]

[Group Accident
Application]

<input checked="" type="checkbox"/> First Application		<input type="checkbox"/> Add Dependents – Certificate # _____		<input type="checkbox"/> Increase Coverage – Certificate # _____	
Group Name [ABC Plumbing]		Group Number [1234567]		Location [Regional Plant]	
Applicant (Last, First, M.I.) [Doe, John J.]		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No. [123-45-6789]	Date of birth [04-20-1964]	[Date of marriage] [10-15-1983]
[Spouse ¹ (Last, First, M.I.) [Doe, Jane J.]		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Social Security No. [234-56-7890]	Date of birth [04-22-1964]	
Date of hire [08-10-2000]	Avg hours worked per week [40]	Annual salary [\$25,000]	Occupation [Typesetter]	Employee/Member ID [12345]	
Home address [123 Any Street]				Work phone/ext. [(123) 456-7891 ext. 222]	
City [Anytown]		State [ST]	Zip code [12345]	Home phone [(123) 456-7890]	
[Child(ren) name [Baby Doe]		Date of birth [05-02-1987]	[Child(ren) name _____]		Date of birth _____
Primary Beneficiary: (Last, First, M.I.) [Doe, Jane J.]				Relationship: [Wife]	
Contingent Beneficiary: (Last, First, M.I.) [Doe, Baby B.]				Relationship: [Daughter]	
[Applicant will be the beneficiary for any spouse and/or child(ren) coverage]					

[¹ Spouse includes your legally married spouse, common law spouse, civil union partner, or domestic partner, if legally recognized in the governing jurisdiction or as otherwise agreed upon between the policyholder and the Insurer.]

Payment Mode: <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	
I Am Applying For: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Family <input type="checkbox"/> Two-Adult Family	Premium per Payment Mode*
<input checked="" type="checkbox"/> Basic Accident Coverage (Applicant Only)	\$ [14.64]
[ADDITIONAL RIDERS: (Only available if included in the plan selected by the policyholder)]	
<input checked="" type="checkbox"/> Applicant Accident Disability Rider Monthly Benefit*: [\$100 - \$2000]	\$ [6.40]
<input type="checkbox"/> Applicant Sickness Disability Rider Monthly Benefit*: [\$100 - \$2000]	\$ _____
<input type="checkbox"/> Spouse Off-the Job Accident Disability Rider Monthly Benefit*: [\$100 - \$2000]	\$ _____
[*If increasing coverage, enter the TOTAL Monthly Benefit amount and Premium.]	
Total Premium	\$ [21.04]

Eligibility Questions

1. Are you actively at work [on a full time basis] and able to perform the regular duties of your occupation? [If "No", you [and your dependents] are not eligible for coverage.]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If applying for spouse and/or child(ren) coverage, is any proposed insured currently disabled? If "Yes", List name(s) _____, who will be excluded from coverage[, unless included by special endorsement].	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Is anyone proposed for coverage covered by any Title XIX program (e.g. Medicaid)? If "Yes", List name(s) _____, who will be excluded from coverage.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

[The following questions should only be answered if the Sickness Disability Rider is included in the plan selected by the policyholder]

4. In the ten years prior to the application date, have you been treated for, been diagnosed as having, or had any indication, sign or symptom of having any heart, brain, lung, circulatory, respiratory, blood, vascular, kidney, liver, digestive, neurological, rheumatoid, or other major organ disorders, blood transfusion, diabetes, drug addiction, alcoholism, cancer or malignancy in any form (except non-melanoma skin cancer)? If "Yes", you are not eligible for coverage under this rider[, unless included by special endorsement].	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Do you have high blood pressure that is controlled by more than two medications? If "Yes", you are not eligible for coverage under this rider[, unless included by special endorsement].	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. In the past 12 months have you been hospitalized (inpatient or outpatient) or missed more than five consecutive days of work due to any condition in question 4? If "Yes", you are not eligible for coverage under this rider[, unless included by special endorsement].	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

[Please provide details of all "Yes" answers to questions [2, 4, 5, and 6]. Use additional paper if needed. For High Blood Pressure, please indicate most recent blood pressure reading, name of any medications and dosage.		
Question #	Name	Please list: Illness, Injury, Condition, Symptoms, Medication, Date of last Treatment, Date Condition Diagnosed, Duration, Result, Current Health Status, Prognosis, Name & Address of Doctor or Hospital

APPLICANT'S STATEMENTS AND AGREEMENTS:

[For [NH or OR] groups only:

Did you receive an Outline of Coverage describing the insurance for which you are applying? ☒ Yes ☐ No]]

I **represent** that all statements and answers made on or attached to this application are true to the best of my knowledge and belief, and realize that any false statements herein which materially affect the acceptance of the risk or the hazard assumed may result in loss of coverage under the policy/certificate to which this application is attached.

[For residents of all states not listed below:

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.]

[For residents of LA:

I understand that any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

[For residents of KY:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.]

[For residents of NC or OR:

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, commits a fraudulent insurance act which may be a crime and may subject such person to criminal and civil penalties.]

[For residents of NJ:

I understand that any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

[For residents of OK:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

[For residents of TN:

It is a crime to knowingly present false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

[For residents of VT:

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, may be committing a fraudulent insurance act which may be a crime subject to criminal and civil penalties.]

I **understand** that coverage will become effective only after all of the following conditions have been met: a) I must be a member of an eligible class; b) I must have satisfied the policyholder waiting period; c) the group must have met the Insurer's minimum participation requirement; d) I must satisfactorily answer all questions on this form; e) I must be actively at work[, and for my dependents, they must not be disabled (unless included by special endorsement).] on the effective date (according to the Insurer's rules); and f) the first month's premium must have been received by the underwriting company at its administrative office.

I **understand** that completion of this application in no way implies that I will be accepted for insurance coverage.

Signed in (City/State) _____ This _____ Day of (Month/Year) _____ .

Applicant's Signature _____ Spouse's Signature (if applicable) _____

AGENT'S STATEMENTS AND AGREEMENTS:

I **hereby certify** that I have accurately recorded on this application all of the information supplied by the applicant. The applicant has read or had read to him/her the completed application.

Licensed Representative's Name _____ Licensed Representative's Signature _____ Agent # _____

<i>SERFF Tracking Number:</i>	<i>AEGG-125985426</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41361</i>
<i>Company Tracking Number:</i>	<i>CPACC100</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>CPACC100 - AR Group Accident</i>		
<i>Project Name/Number:</i>	<i>CPACC100 - AR Group Accident/CPACC100 - AR Group Accident</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	AEGG-125985426	State:	Arkansas
Filing Company:	Transamerica Life Insurance Company	State Tracking Number:	41361
Company Tracking Number:	CPACC100		
TOI:	H02G Group Health - Accident Only	Sub-TOI:	H02G.000 Health - Accident Only
Product Name:	CPACC100 - AR Group Accident		
Project Name/Number:	CPACC100 - AR Group Accident/CPACC100 - AR Group Accident		

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	Monthly Premiums Per Unit	CPACC100, CRAD300, CREXPB00, CRHICU00, CRWELB00, CRADI00, CRSODI00	New		Monthly Premiums per Unit.pdf

Transamerica Life Insurance Company

Home Office: Cedar Rapids, Iowa
Administrative Office: Little Rock, Arkansas

Group Accident Policy and Riders

Policy Form CPACC100

			<i>Monthly Premium per Unit of Coverage</i>			
			Employee only	Employee and Spouse	Employee and Child(ren)	Family
24 Hour Coverage						
Base policy -						
Module 1		18 - 64	\$1.02	\$1.54	\$1.30	\$1.90
Module 2		18 - 64	0.20	0.32	0.28	0.40
Module 3		18 - 64	0.42	0.68	0.64	0.88
Riders -						
AD&D	CRADD300	18 - 64	\$1.30	\$2.04	\$1.44	\$2.36
Expanded Benefits	CREXPB00	18 - 64	0.38	0.60	0.54	0.76
Hospital Income Benefit	CRHICU00	18 - 64	0.20	0.32	0.30	0.42
Wellness Benefit	CRWELB00	18 - 64	0.60	0.92	0.60	0.92
Accident Only Disability	CRAODI00					
6 months benefit		18 - 64	1.08	--	--	--
12 months benefit		18 - 64	1.34	--	--	--
Sickness Only Disability	CRSODI00					
6 months benefit		18 - 49	2.00	--	--	--
		50 - 64	2.96	--	--	--
12 months benefit		18 - 49	2.30	--	--	--
		50 - 64	3.84	--	--	--
Off-the-Job Coverage						
Base policy -						
Module 1		18 - 64	\$0.72	\$1.08	\$1.02	\$1.44
Module 2		18 - 64	0.14	0.24	0.22	0.32
Module 3		18 - 64	0.30	0.48	0.52	0.68
Riders -						
AD&D	CRADD300	18 - 64	\$1.18	\$1.84	\$1.34	\$2.16
Expanded Benefits	CREXPB00	18 - 64	0.28	0.42	0.44	0.58
Hospital Income Benefit	CRHICU00	18 - 64	0.14	0.24	0.24	0.34
Wellness Benefit	CRWELB00	18 - 64	0.60	0.92	0.60	0.92
Accident Only Disability	CRAODI00					
6 months benefit		18 - 64	0.80	--	--	--
12 months benefit		18 - 64	1.00	--	--	--
Sickness Only Disability	CRSODI00					
6 months benefit		18 - 49	2.00	--	--	--
		50 - 64	2.96	--	--	--
12 months benefit		18 - 49	2.30	--	--	--
		50 - 64	3.84	--	--	--
Spouse Accident Only Disability	CRSPDI00					
6 months benefit		18 - 64	1.20			

SERFF Tracking Number:	AEGG-125985426	State:	Arkansas
Filing Company:	Transamerica Life Insurance Company	State Tracking Number:	41361
Company Tracking Number:	CPACC100		
TOI:	H02G Group Health - Accident Only	Sub-TOI:	H02G.000 Health - Accident Only
Product Name:	CPACC100 - AR Group Accident		
Project Name/Number:	CPACC100 - AR Group Accident/CPACC100 - AR Group Accident		

Supporting Document Schedules

Satisfied -Name:	Flesch Certification	Review Status:	Approved-Closed	01/20/2009
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Comments:

Attachments:

Certification of Arkansas Rule 19.pdf
 Certification of Arkansas Rule 49.pdf
 Readability Certification 1-16-09.pdf

Satisfied -Name:	Application	Review Status:	Approved-Closed	01/20/2009
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Comments:

The attached application was approved June 20, 2006.

Attachment:

C-EA-01-00-112408.pdf

Satisfied -Name:	Explanation of Variables AR 1.12.09	Review Status:	Approved-Closed	01/20/2009
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Comments:

Attachment:

Explanation of Variables AR 1.12.09.pdf

Satisfied -Name:	Accident Actuarial Memo Generic_1-09-2009	Review Status:	Approved-Closed	01/20/2009
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Comments:

Attachment:

Accident Actuarial Memo Generic_1-09-2009.pdf



Transamerica Life Insurance Company
Monumental Life Insurance Company
Home Office: Cedar Rapids, Iowa
Administrative Office
1400 Centerview Drive, P.O. Box 8063
Little Rock, Arkansas 72203-8063
(800) 400-3042

ARKANSAS

RULE 19 - UNFAIR SEX DISCRIMINATION IN THE SALE OF INSURANCE

RE: TRANSAMERICA LIFE INSURANCE COMPANY
NAIC: 468-86231 FEIN: 39-0989781
NEW GROUP HEALTH FORM FILING

SERFF TRACKING NUMBER: AEGG-125985426

CPACC100	GROUP MASTER POLICY FOR [OFF-THE-JOB] ACCIDENT ONLY INSURANCE
CCACC100	CERTIFICATE FOR GROUP [OFF-THE-JOB] ACCIDENT ONLY INSURANCE
CEACC1AR	ARKANSAS AMENDMENT
CRADD300	ACCIDENTAL DEATH AND DISMEMBERMENT RIDER
CRHICU00	ACCIDENT HOSPITAL AND ICU INCOME RIDER
CREXPB00	EXPANDED BENEFITS RIDER
CRWELB00	WELLNESS BENEFIT RIDER
CRAODI00	ACCIDENT ONLY DISABILITY INCOME RIDER
CRSODI00	SICKNESS ONLY DISABILITY INCOME RIDER
CRSPDI00	SPOUSE OFF-THE-JOB ACCIDENT ONLY DISABILITY INCOME RIDER
CAV-AP-01-00	CERTIFICATE APPLICATION

I certify that this filing meets all applicable Arkansas requirements, including the rules and regulations of Arkansas Rule and Regulation 19.

A handwritten signature in cursive script that reads "Patsy J. Napier".

Signature

Patsy J. Napier, FLMI, AIRC, HIA, CCP, Assistant Secretary
Name and Title of Company Officer

January 16, 2009
DATE



Transamerica Life Insurance Company
Monumental Life Insurance Company
Home Office: Cedar Rapids, Iowa
Administrative Office
1400 Centerview Drive, P.O. Box 8063
Little Rock, Arkansas 72203-8063
(800) 400-3042

ARKANSAS

**RULE AND REGULATION 49
LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION NOTICES**

RE: TRANSAMERICA LIFE INSURANCE COMPANY
NAIC: 468-86231 FEIN: 39-0989781
NEW GROUP HEALTH FORM FILING

SERFF TRACKING NUMBER: AEGG-125985426

CPACC100	GROUP MASTER POLICY FOR [OFF-THE-JOB] ACCIDENT ONLY INSURANCE
CCACC100	CERTIFICATE FOR GROUP [OFF-THE-JOB] ACCIDENT ONLY INSURANCE
CEACC1AR	ARKANSAS AMENDMENT
CRADD300	ACCIDENTAL DEATH AND DISMEMBERMENT RIDER
CRHICU00	ACCIDENT HOSPITAL AND ICU INCOME RIDER
CREXPB00	EXPANDED BENEFITS RIDER
CRWELB00	WELLNESS BENEFIT RIDER
CRAODI00	ACCIDENT ONLY DISABILITY INCOME RIDER
CRSODI00	SICKNESS ONLY DISABILITY INCOME RIDER
CRSPDI00	SPOUSE OFF-THE-JOB ACCIDENT ONLY DISABILITY INCOME RIDER
CAV-AP-01-00	CERTIFICATE APPLICATION

I hereby certify that to the best of my knowledge and belief, the above forms and submission comply with Arkansas Regulation 49, relative to the dissemination of life and health guaranty association notices.

A handwritten signature in cursive script that reads "Patsy J. Napier".

Signature

Patsy J. Napier, FLMI, AIRC, HIA, CCP, Assistant Secretary
Name and Title of Company Officer

January 16, 2009
DATE

Readability Certification

This is to certify that the forms listed below are in compliance with your state's readability requirements.

A. Option Selected

- ☐ 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is _____.
- ☒ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are attached.

Forms and Form Numbers to Which Certification is Applicable:

See attached list

B. Test Option Selected


- ☒ 1. Test was applied to entire policy form(s)
- ☐ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification

A checked block indicates standard has been achieved

- ☒ 1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.
- ☒ 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
- ☒ 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
- ☒ 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
- ☒ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- ☒ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
- ☒ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

The certification must be signed by an officer of the insurer.

	Assistant Secretary
Signature	Officer's Title
Officer's name: Patsy J. Napier	Date: January 12, 2009

GROUP WHOLE LIFE INSURANCE POLICY AND RELATED FORMS

FORM NAME	FORM NUMBER	SYLLABLES	WORDS	SENTENCES	SCORE
Group Master Policy	CPACC100	3154	2110	83	55
Group Certificate	CCACC100	7324	4899	190	54
Arkansas Amendment	CEACC1AR	7324	4899	190	54
Accidental Death & Dismemberment Rider	CRADD300	2628	1758	71	55
Accident Hospital & ICU Income Rider	CRHICU00	693	464	19	56
Expanded Benefit Rider	CREXPB00	1305	873	50	62
Wellness Benefit Rider	CRWELB00	438	293	11	54
Accident Only Disability Income Rider	CRAODI00	2157	1443	56	54
Sickness Only Disability Income Rider	CRSODI00	2383	1594	61	54
Spouse Off-the-Job Accident Only Disability Income Rider	CRSPDI00	2220	1485	58	54
Certificate Application	CAV-AP-01-00	1469	973	43	57



Transamerica Life Insurance Company ("insurer")

Home Office: Cedar Rapids, IA
Administrative Office: P.O. Box 8063
Little Rock, Arkansas 72203-8063

Group Life and Health Employer Application

Name of Participating Employer ("employer"):			
Street Address:		City:	State:
Contact Name:		Email Address:	Phone #:
			Fax #:

By participating in the Insurance Program(s) selected on Page 2, the employer hereby authorizes the insurer, its authorized agents or enrollers, to offer each of the employer's eligible employees, as defined, the opportunity to purchase coverage under the insurer's "group or group type" insurance product(s). This authorization is based upon the following agreements:

1. The agents or enrollers shall conduct an annual enrollment program for the employer's eligible employees. The employer may be required to provide the insurer with employment census data in order that the insurer may, under its rules, determine proper enrollment eligibility.
 2. The initial enrollment shall take place from _____ to _____. The employer shall provide the insurer's authorized agents or enrollers direct access to its employees to obtain applications through group meetings and individual interviews in a suitable location on the employer's property during normal business hours, or through any other means mutually agreed upon by both the insurer and the employer. Participation in the employer group must meet the insurer's minimum participation requirements. The insurer reserves the right to withdraw from the enrollment and cancel any applications already obtained should these conditions not be satisfied.
 3. The employer shall honor all payroll deduction authorization forms signed by its participating employees, if any, and pay the premiums to the insurer when due. The insurer customarily bills the employer each month for such premiums, and the employer shall forward the premiums due to the insurer within 15 days of the receipt of the monthly billing. The employer shall maintain records of all premiums deducted from its employees' wages while this agreement remains in force and for two years thereafter. These records shall always remain open to inspection and audit by the insurer during normal business hours and for two years after the agreement has been terminated.
 4. In the event of any misappropriation by the employer, its employees or agents, of funds owed to the insurer, the employer shall reimburse the insurer for the insurer's entire loss including attorney fees and expenses incurred in collection, and any benefits the Insurer would not have had to pay but for such misappropriation.
- Are the insurer's products to be made available to eligible employees through an employee welfare benefit plan (or welfare plan), as defined in Section 3(3) of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended? ☐ Yes ☐ No
- Will the Employer pay for any portion of or the entire premium for the coverage elected? ☐ Yes ☐ No
If "Yes", which product(s), amount or %, etc.: _____
- Is the Insurance Program(s) selected replacing an existing insurance plan(s)? ☐ Yes ☐ No
If "Yes", indicate the plan(s) you are replacing and attach a copy of the prior plan certificate(s) and a copy of the most recent billing statement(s). _____

For Group Disability or Group Accident with the Disability Rider(s):

- Are all employees covered under Workers' Compensation? ☐ Yes ☐ No If "No", explain: _____

For all products, except for Universal Life:

- Will any products be offered as part of a Section 125 Plan (Cafeteria Plan)? ☐ Yes ☐ No
If "Yes", which products? _____

Eligibility For Insurance (Applies to all products selected on Page 2)

Eligible employees are defined as those who work at least _____ hours per week for the employer, and have been so employed for at least _____ days.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

It is understood and agreed that this application shall be made a part of each policy applied for, and issued, and that no insurance shall be effective until approved by the insurer at its administrative office.

Signed in (City/State) _____ This _____ Day of (Month/Year) _____, _____.

Signature of Officer

Email Address

Print Name and Title of Officer

Signature of Licensed Agent

Email Address

Print Name of Licensed Agent

Agent Number

Please complete, sign and date this document and return to the insurer at the address listed above.

Make a photocopy for your records.

Insurance Program Selections
(Product and Rider availability subject to state approval)

<input type="checkbox"/> Universal Life Insurance			*Group Master Policy #:	*Effective Date:
Plan: <input type="checkbox"/> TransLegacy SM High Face Amount <input type="checkbox"/> TransLegacy SM High Accumulation Value <input type="checkbox"/> TransUL SM Plus				
Accept	Decline	Optional Riders		
<input type="checkbox"/>	<input type="checkbox"/>	Accelerated Death Benefit for Critical Care: <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%		
<input type="checkbox"/>	<input type="checkbox"/>	Accelerated Death Benefit for Long-Term Care: <input type="checkbox"/> 4% <input type="checkbox"/> 4% with Extension of Benefits <i>(No LTC in UT) (No Ext in TX)</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Accidental Death & Dismemberment		
<input type="checkbox"/>	<input type="checkbox"/>	Automatic Face Amount Increase Option: <input type="checkbox"/> 3 year <input type="checkbox"/> 5 year <input type="checkbox"/> All Employees <input type="checkbox"/> Employee Option		
<input type="checkbox"/>	<input type="checkbox"/>	Child Level Term Insurance Rider		
<input type="checkbox"/>	<input type="checkbox"/>	Level Term Insurance Rider: <input type="checkbox"/> Employee Choice <input type="checkbox"/> 10 year term only <input type="checkbox"/> 20 year term only		
<input type="checkbox"/>	<input type="checkbox"/>	Waiver of: <input type="checkbox"/> Monthly Deductions <input type="checkbox"/> Premium <i>(Available for TransUL Plus ONLY)</i>		

<input type="checkbox"/> Group Term Life Insurance			*Group Master Policy #:	*Effective Date:
Plan: <input type="checkbox"/> TAC\$-Advantage [®] <input type="checkbox"/> Voluntary Term Life <input type="checkbox"/> Basic Term Life – proposal must be attached				
Plan Type: <input type="checkbox"/> Standard Published Plan <input type="checkbox"/> Customized Plan – proposal must be attached				
Accept	Decline	Optional Riders	<i>If offering both Basic Term Life and a voluntary term life plan, indicate which plan(s) to attach the AD&D rider to, if applicable:</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Accelerated Death Benefit for Critical Care		
<input type="checkbox"/>	<input type="checkbox"/>	Accidental Death & Dismemberment		
			<input type="checkbox"/> TAC\$-Advantage [®] <input type="checkbox"/> Voluntary Term Life <input type="checkbox"/> Basic Term Life	

<input type="checkbox"/> Group Off-The-Job AD&D Insurance (TransAccident[®])			*Group Master Policy #:	*Effective Date:
Plan Type: <input type="checkbox"/> Standard Published Total Plan <input type="checkbox"/> Standard Published Select Plan <input type="checkbox"/> Customized Plan – proposal must be attached				
Accept	Decline	Optional Riders	Available Options	
<input type="checkbox"/>	<input type="checkbox"/>	Sickness Disability Rider	<input type="checkbox"/> 6 Month Benefit Period <input type="checkbox"/> 12 Month Benefit Period	
<input type="checkbox"/>	<input type="checkbox"/>	Off-The-Job Accident Disability Rider	<input type="checkbox"/> 6 Month Benefit Period <input type="checkbox"/> 12 Month Benefit Period	
<input type="checkbox"/>	<input type="checkbox"/>	Wellness Benefit Rider <i>(Not available in IN or MA)</i>		

<input type="checkbox"/> Group Cancer Only Insurance (CancerSelect[®] Plus)			*Group Master Policy #:	*Effective Date:
Plan Design	Plan 1	Plan 2	Plan 3	
Module 1 – Hospital Benefits (1-5 units)				
Module 2 – Surgery Benefits (1-5 units)				
Module 3 – Radiation and Chemotherapy Benefits (1-4 units)				
Module 4 – Wellness and Miscellaneous Benefits (1-3 units)				
Module 5 – Drug-Related Expense Benefits (1-5 units)				
Optional Riders				
Specified Disease Rider (0 – 5 units) <i>(Not available in SD)</i>				
First Occurrence Rider (0 – 10 units) <i>(Initial Diagnosis Rider in SD)</i>				
Intensive Care Rider (0 to 10 units)				

<input type="checkbox"/> Group Critical Illness Insurance (CriticalAssistanceSM Plus)			*Group Master Policy #:	*Effective Date:
Accept	Decline	Optional Benefits/Riders		
<input type="checkbox"/>	<input type="checkbox"/>	Cancer Benefit Rider		
<input type="checkbox"/>	<input type="checkbox"/>	Occupational HIV Benefit Rider <i>(only available to certain occupations) (Not available in CA)</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Quality of Life Benefit Rider <i>(Not available in HI or PA)</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Cancer Screening Wellness Benefit Rider		

<input type="checkbox"/> Group Critical Illness Insurance (CriticalAssistance Select[®]) <i>(Use special application for this product in CA)</i>			*Group Master Policy #:	*Effective Date:
Plan Type: <input type="checkbox"/> Critical Illness Benefit with 50% reduction at age 65 <input type="checkbox"/> Critical Illness Benefit without reduction at age 65				
<input type="checkbox"/> Option A – Cancer, Heart Attack, Stroke, End Stage Renal Failure, and Major Organ Transplant				
<input type="checkbox"/> Option B – Heart Attack and Stroke				
<input type="checkbox"/> Option C – Cancer				
<input type="checkbox"/> Option B and C – Heart Attack, Stroke, and Cancer				

*To be completed by the administrative office.

<input type="checkbox"/> Group Disability Insurance (TransDI® Plus) <i>(Use special application for this product in NJ)</i>			*Group Master Policy #:		*Effective Date:	
Plan Type: <input type="checkbox"/> Standard Published Plan <input type="checkbox"/> Customized Plan – proposal must be attached						
Accept	Decline	Optional Riders				
<input type="checkbox"/>	<input type="checkbox"/>	Accidental Death & Dismemberment Benefit				
<input type="checkbox"/>	<input type="checkbox"/>	Hospital Indemnity Benefit				
<input type="checkbox"/>	<input type="checkbox"/>	Pre-Existing Condition Limited Benefit				
<input type="checkbox"/>	<input type="checkbox"/>	Survivor Benefit				
Plan Design			Class 1	Class 2	Class 3	Class 4
Definition of Class:						
Plan Code						
<input type="checkbox"/> Monthly Disability Benefit: Percentage of salary			%	%	%	%
Maximum Monthly Benefit: not to exceed			\$	\$	\$	\$
<input type="checkbox"/> Monthly Disability Benefit: Defined Amount:			\$	\$	\$	\$
Maximum Monthly Benefit: not to exceed % of salary			%	%	%	%
Elimination Period: (0/7, 7/7, 0/14, 14/14, 30/30, 60/60, 90/90, 180/180)						
Benefit Duration: (3 Months, 6 Months, 12 Months, or 24 Months)						

<input type="checkbox"/> myPackSM (Small Employer Package)			*Group Master Policy #:		*Effective Date:	
Base Plan: Group Term Life with Critical Illness Rider Buy-Up Option: TransAccident with Off-The-Job Accident Disability Rider and Sickness Disability Rider. (Not available in MN, MT, NM, PA, or WA)						

*To be completed by the administrative office.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa

GROUP ACCIDENT ONLY INSURANCE

EXPLANATION OF VARIABLES

FOR FORMS: CPACC100; CCACC100; CRADD300; CRHICU00; CREXPB00; CRWELB00; CRAODI00; CRSPDI00; CRSODI00; and CAV-AP-01-00

Text that is intended to be variable is bracketed. Bracketed text is either intended to be: (1) in or out of the contract; or (2) have variable ranges. Each variable bracketed text is described below. No change in the variable areas will be made which will be in conflict with the laws, rules and regulations of your State. In addition, no change in variability will be made which in any way expands the scope of the wording being changed. Transamerica Life Insurance Company ("Company") reserves the right to correct at any time any and all typographical errors that do not impact benefits or intent of language.

Ranges for Policy/Certificate:

Issue Ages –

Ages 18 to 64

Plans –

24-hour coverage; and Off-the-Job

Units Available -

½ Unit to 20 Units

CPACC100 – Group Policy - Variations

Face Page

1. Home Office Address - The address is bracketed to take into consideration any future address changes.
2. Policyholder name, Address, Policy Number, Effective Date, and Anniversary Date will be case specific.
3. The Governing Jurisdiction will be case specific depending on where the policy is issued.
4. Officers' Signatures – The signatures are variable to take into consideration any future personnel changes.
5. Officers' Titles – The titles are variable to take into consideration any future changes in the officers who are signing on behalf of the Company.
6. Administrative Office Address – The address is bracketed to take into consideration any future changes.
7. Customer Service Toll Free Number – The toll free number is bracketed to take into consideration any future changes to the telephone number.

Definitions

Page 3 - Active Service - The third paragraph is bracketed to be in or out depending on whether we accept a group that has members that are not actively at work.

CCACC100 – Group Certificate - Variations

Face Page

1. Home Office Address - The address is bracketed to take into consideration any future address changes.
2. Important Notice – [Off-the-Job] appears here and in the Certificate's title – It is bracketed to be in or out depending on whether the Policyholder selects this coverage.
3. Officers' Signatures – The signatures are variable to take into consideration any future personnel changes.
4. Officers' Titles – The titles are variable to take into consideration any future changes in the officers who are signing on behalf of the Company.
5. Administrative Office Address – The address is bracketed to take into consideration any future changes.
6. Customer Service Toll Free Number – The toll free number is bracketed to take into consideration any future changes to the telephone number.

Schedule of Benefits

Page 3 - Case-specific Information

7. Insured – Case specific at time of issue.
8. Contract Number – Case specific at time of issue.
9. Type of Coverage – Case specific selection (Individual, Single Parent, Two-Adult Family, and Family).
10. Premium Mode – Case specific at time of issue.

11. Age at Issue –Case specific at time of issue.
12. Effective Date –Case specific at time of issue.
13. Total Premium – Case specific at time of issue.
14. Policyholder – Case specific at time of issue.

[Off-the-Job] Benefits – Bracketed text is in or out depending on whether the Policyholder selects this plan.
Modules 1 -3 – Number of Units range from .5 to 20 units.

Page 3 – Optional Benefit Riders

15. CRADD300 - ACCIDENTAL DEATH AND DISMEMBERMENT RIDER - Optional rider information; will either be in or out. Number of Units range from .5 to 20 units.
16. CRHICU00 – ACCIDENT HOSPITAL AND ICU INCOME RIDER – Optional rider information, will either be in or out. Number of Units range from .5 to 20 units.
17. CREXPB00 – EXPANDED BENEFITS RIDER - Optional rider information, will either be in or out. Number of Units range from .5 to 20 units.
18. CRWELB00 – WELLNESS BENEFIT RIDER - Optional rider information, will either be in or out. Number of Units range from .5 to 20 units. Waiting Period can range from 0 – 90 days, depending on Policyholder selection.
19. CRAODI00 – ACCIDENT ONLY DISABILITY INCOME RIDER - Optional rider information, will either be in or out. Insured's name is case specific at time of issue. Monthly Benefit ranges from \$100 to \$2,000. Elimination Period ranges from 0 to 90 days. Benefit Period may be 6 or 12 months.
20. CRSPDI00 – SPOUSE OFF-THE-JOB ACCIDENT ONLY DISABILITY INCOME RIDER - Optional rider information, will either be in or out. Spouse's name is case specific at time of issue. Off-the-Job Monthly Benefit ranges from \$100 to \$2,000. Elimination Period ranges from 0 to 90 days. Benefit Period may be 6 or 12 months.
21. CRSODI00 – SICKNESS ONLY DISABILITY INCOME RIDER - Optional rider information, will either be in or out. Insured Only Monthly Benefit ranges from \$100 to \$2,000. Elimination Period ranges from 14 to 90 days for Sickness. Benefit Period may be 6 or 12 months.

Page 4 – Definitions – Active Service – Third paragraph is bracketed to be in or out depending on whether we accept a group that has members that are not actively at work.

Page 10 – Exclusions and Limitations – Item 13 – Text is bracketed to be in or out depending on whether this is Off-the-Job coverage. If it is, then this text will stay in. If it is not, then this text would not appear.

Rider Variations for all the below-listed Riders:

1. Home Office Address - The address is bracketed to take into consideration any future address changes.
2. Administrative Office Address – The address is bracketed to take into consideration any future changes.
3. Officers' Signatures – The signatures are variable to take into consideration any future personnel changes.
4. Officers' Titles – The titles are variable to take into consideration any future changes in the officers who are signing on behalf of the Company.

The following riders may be added to the base coverage. The riders are selected at the Policyholder level and are not subject to individual selection, other than the disability riders. The riders are also available to the same issue ages and, except for the three Disability Income Riders, are also available for ½ unit to 20 units.

CRADD300 - Accidental Death and Dismemberment Rider

This rider will pay death and dismemberment benefits for the insured, the spouse, and each child. The insured and spouse benefits amounts are equal; child amounts are one-half the insured's amount. Additional benefits are payable due to accidental death.

CRHICU00 – Accident Hospital and ICU Income Rider

This rider pays a daily benefit amount when a covered person is hospital confined due to a covered accident. An additional daily benefit is payable if confined to an ICU. The same benefit amount is paid for all covered persons.

CREXPB00 – Expanded Benefits Rider

This rider pays various benefits for injuries or treatment due to a covered accident. The same benefit amounts are paid for all covered persons.

CRWELB00 – Wellness Benefit Rider

This rider pays a benefit for any one of 18 named health screening tests. The benefit is paid for one test, once per calendar year. The benefit for the insured and spouse are equal. There is no benefit for children.

Disability Riders – The benefit payable under these riders is a monthly benefit amount.

Available Benefit Ranges:

\$100 - \$2,000

CRAODI00 – Accident Only Disability Income Rider

This rider pays a monthly benefit for disability due to accident. Benefits are paid from the first day of disability after any Elimination Period; the benefit period is either 6 or 12 months. This rider covers the insured only.

CRSPDI00 – Spouse Off-the-Job Accident Only Disability Income Rider

This rider pays a monthly benefit for disability due to accident. Benefits are paid from the first day of disability after any Elimination Period; the benefit period is either 6 or 12 months. This rider covers the spouse only and is off-the-job only coverage.

CRSODI00 – Sickness Only Disability Income Rider

This rider pays a monthly benefit for disability due to sickness. Benefits are paid after any Elimination Period; the benefit period is either 6 or 12 months. This rider covers the insured only.

CAV-AP-01-00 - Application – Variations

This form is a print on demand form.

1. Home Office Address- The address is bracketed to take into consideration any future address changes.
2. Administrative Office Address – The address is bracketed to take into consideration any future address changes.
3. The reference to [Logo] is bracketed to indicate the location of the Company's logo.
4. The title of the application is bracketed so that it can be customized for the employees/members of an employer, a labor union, or a trade association solicitation. Application is used in a Worksite Marketing Solicitation. The title may be customized to read "Interest Sensitive Whole Life Insurance (ISWL) Application."
5. All "Joe Doe" applicant information has been bracketed.
6. Page 1 – The response portion of any statement or question requiring a direct response from an applicant is bracketed. This is to permit the application to be used as part of our electronic/internet application process. When used as part of the electronic process, the answers are populated with the applicant's selection instead of a "tick box."

Page 2 – The response portion of any statement or question on Page 2 of the application that requires a direct response from either the applicant or the agent is bracketed. Any response areas on Page 2 are bracketed for use as part of our electronic/internet application process.

When the application is used in an internet or electronic enrollment, no substantive changes will be made to the format and no changes will be made to the actual application language. For the applicant's signature, a PIN or other electronic signature will be required to be captured two times: (1) Applicant's Statements and Agreements; and (2) Representation of Applicant. A PDF of the application must be submitted to the Administrative Office and must include a checkmark on the Applicant's initials line followed on the right by the notation "Signature by PIN."

7. All questions – "Provide Details" and the detail box are bracketed to be included or removed. Our current underwriting is accept/reject based on the answers provided, so we do not ask for details. We would like to keep the option of asking for details and underwriting if losses prove to be more than expected.
8. All references to Spouse and Children are bracketed to be included or removed. Some of our groups only allow us to market to their employees or members but not their spouses, so we need the ability to remove these references to accommodate these groups.
9. The Riders are bracketed to be included or removed based on group selection.
10. Applicant's Statements and Agreements – Fraud warnings by state are bracketed to appear in the applicable state that has governing jurisdiction.

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Home Office: Cedar Rapids, Iowa
Administrative Office: Little Rock, Arkansas

Actuarial Memorandum
Policy Form Series CPACC100

Policy Forms

CPACC100	Group Master Policy for Accident Only Insurance
CCACC100	Certificate for Group [Off-the-Job] Accident Only Insurance
CRADD300	Accidental Death and Dismemberment Rider
CRHICU00	Accident Hospital and ICU Income Rider
CREXPB00	Expanded Benefits Rider
CRWELB00	Wellness Benefit Rider
CRAODI00	Accident Only Disability Income Rider
CRSODI00	Sickness Only Disability Income Rider
CRSPDI00	Spouse Off-the-Job Accident Only Disability Income Rider

1. Scope and Purpose

The purpose of this filing is to comply with regulatory requirements for rate filings in this state and to certify that benefits are reasonable in relationship to the premiums charged. This filing is not intended to be used for any other purposes.

2. Benefit Description

This group policy offers indemnity benefits for injuries and treatment due to a covered accident. Coverage is offered on a 24-hour basis. As an option an employer may elect to offer coverage that covers only off-the-job accidents. Benefits are payable for accidents that occur after the effective date of coverage.

The base policy consists of three modules of coverage. Multiple units for each module will be available for purchase.

Module 1 – This module pays benefits for Emergency Treatment, Major Diagnostic Exams, Dislocations, and Fractures. The same benefit amount is paid for all covered persons.

Module 2 – This module pays benefits for Follow-up Treatment and Physical Therapy treatments. The same benefit amount is paid for all covered persons.

Module 3 – This module pays benefits for Initial Hospitalization, including admission to an intensive care unit, and Ambulance transportation. The same benefit amount is paid for all covered persons.

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Riders -

The following riders may be added to the base coverage. The riders that will be available are selected by the employer.

Accidental Death and Dismemberment Rider – This rider will pay death and dismemberment benefits for the insured, the spouse, and each child. The insured and spouse benefits amounts are equal; child amounts are one-half the insured's amount. Additional benefits are payable due to accidental death.

Accident Hospital and ICU Income Rider – This rider pays a daily benefit amount when a covered person is hospital confined due to a covered accident. An additional daily benefit is payable if confined to an ICU. The same benefit amount is paid for all covered persons.

Expanded Benefits Rider – This rider pays various benefits for injuries or treatment due to a covered accident. The same benefit amounts are paid for all covered persons.

Wellness Benefit Rider – This rider pays a benefit for any one of 18 named health screening tests. The benefit is paid for one test, once per calendar year. The benefit for the insured and spouse are equal. There is no benefit for children.

Accident Only Disability Income Rider – This rider pays a monthly benefit for disability due to accident. Benefits are paid from the first day of disability; the benefit period is either 6 or 12 months. This rider covers the insured only.

Sickness Disability Income Rider – This rider pays a monthly benefit for disability due to sickness. Benefits are paid after a 14 day elimination period; the benefit period is either 6 or 12 months. This rider covers the insured only.

Spouse Accident Only Disability Income Rider – This rider pays a monthly benefit for disability due to accident. Benefits are paid from the first day of disability; the benefit period is 6 months. This rider covers the spouse only and is off-the-job only coverage.

3. Renewability

The company or the policyholder may end the policy on any premium due date. Sixty days advance notice is required. The Company may change the premiums based on experience.

4. Applicability

This form will be available for new issues.

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5. Marketing Method

Policies will be marketed at the worksite on a voluntary basis through independent brokers. Although the accident contracts are sold primarily to employer-employee groups, we reserve the right to sell these contracts to any legitimate group allowed by your State's laws and/or regulations.

6. Underwriting

This policy is sold using simplified medical underwriting, conditional guaranteed issue, or guaranteed issue underwriting. Simplified medical underwriting includes an application and health questionnaire. Conditional guaranteed issue includes some health questions. Guaranteed issue underwriting omits the health questionnaire.

7. Premium Classes

Policies will be issued to lives aged 18 through 64 using level issue-age premiums. Premium rates apply to both males and females on an age last birthday basis.

The premium rates for the base policy and riders in the attached tables vary by the following factors:

- Issue Age
- Elimination Period
- Benefit Period

The attached table of manual premium rates reflects the base commission schedule. For cases sold with an alternative or level commission schedule, premium adjustments will apply.

Prior to the issue date or on any date after the first renewal date, the company may establish a set of premium rates for a group that differ from the attached schedule of manual premiums. These rates will be based on a variety of factors including, but not limited to, the group's historical experience, the benefits and coverage features of the policy, the underwriting basis for the group, the type of industry, and the level of premium contribution by the group policyholder.

8. Issue Age Range

The issue ages are 18 through 64 for the base policy and all riders. The insured must be actively at work for 16 hours or more per week.

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9. Area Factors

There are no area factors.

10. Average Annual Premium

The average annual premium for this policy form is \$363, including riders.

11. Premium Modalization Rules

The premium modal factors are shown in Table 1 below:

Table 1 Modal Factors	
Premium Mode	Factor
Annual	12.00
Semi-Annual	6.00
Quarterly	3.00
Monthly	1.00

12. Claim Liability and Reserves

Because this is a new policy form, there are no current claim liabilities and reserves. As claims emerge on this policy form, claim reserves will be computed using the specified minimum interest and morbidity standards which are then required by this state. When sufficient experience has developed to produce meaningful claim runoffs, the reserve assumptions may be modified to reflect the emerging experience.

13. Active Life Reserves

Active life reserves will be computed using expected claim costs at the interest rate that is then required by this state. For the disability income riders active life reserves will be computed using the 1985 CIDA at the interest rate that is then required by this state. Unearned premium reserves will also be held.

14. Trend Assumption

No insurance trend assumption was used in pricing.

15. Anticipated Loss Ratio

The anticipated loss ratio for this policy form is 50.1%.

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16. History of Rate Adjustments

Because this is a new policy form, there have been no prior rate adjustments.

17. Number of Policyholders

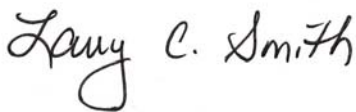
Because this is a new policy form, there are currently no policyholders in this state or nationwide.

18. Proposed Effective Date

The proposed effective date of these premium rates will be immediately upon approval by this state.

19. Actuarial Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with the laws and regulations of this state and with Actuarial Standard Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans". I also certify that the benefits are reasonable in relation to the proposed premiums, and that they are not excessive, inadequate, or unfairly discriminatory.



January 9, 2009

Larry C. Smith, ASA, MAAA
Actuary
Transamerica Life Insurance Company

Date